

JUSTICE MENTAL HEALTH AUDIT

2003-2008

National Justice Mental Health Initiative

National Justice CEOs Group
December 2008

This Audit was compiled through the National Justice Mental Health Initiative, a project of the National Justice CEOs Group. Assistance for the project was provided by the Criminology Research Council.

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National Justice
CEOs Group

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National Justice Mental Health Initiative

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The National Justice Mental Health Initiative is a project that aims to improve the identification, treatment and coordination of services to people with mental illness who come into contact with the criminal justice system in Australia. In March 2008 a working group of representatives from each state and territory was established to undertake the project.

The first stage of the project involved conducting an Audit of policy reports, research papers and recommendations relating to mental illness in the criminal justice system. Each working group representative collected and summarised the key reports released in their jurisdiction from January 2003 to March 2008. The material was then collated into one document for public release. The purpose of the Audit was to bring together the latest research and policy developments in justice mental health to allow policy makers, practitioners and researchers to draw on the material more easily. The Audit was also used to identify priority areas in the area of justice mental health that require further work.

The second stage of the project conducted a needs analysis of policy makers and identified gaps in availability of material relating to mental illness in the criminal justice system. The Justice Mental Health Initiative is now collaborating with Auseinet to consider options for addressing these issues, aiming to make justice mental health material more readily available to policy makers, practitioners and researchers.

The third stage of the project, which will commence in 2009, will develop guidelines for best practice for diversion and support for people with a mental illness who come in contact with the criminal justice system.

COMMONWEALTH REPORTS

Title	<i>Mental illness in the community – the role of police</i>
Author/s	Michelle Sced
Commissioned by?	Australasian Centre for Policing Research
Date published	August 2006
Electronic link to study	http://www.acpr.gov.au/pdf/lss_3%20Mental.pdf
Project overview	Sets out the role of the police in dealing with people with a mental illness
Key findings	<ul style="list-style-type: none"> • The literature points to four reasons for the high rate of contact between police and those with mental illness: <ol style="list-style-type: none"> 1) deinstitutionalisation; 2) changing police practices; 3) the association between mental illness and offending; and 4) the association between mental illness and criminal victimisation. • Details key mental health enquiries relevant to policing. • Police mental health models: <ol style="list-style-type: none"> 1) Police-based specialised police models; 2) Police-based specialised mental health models; and 3) Mental health-based specialised mental health models.
Key words (stage in system and themes)	STAGE: investigation/policing THEMES: deinstitutionalisation;
Key recommendations	No recommendations, but raises issues for consideration on the role of the police, management, training, transportation, victims and offenders.
Recs implemented (if known) – explain	N/A

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Title	<i>Barriers to service provision for young people with presenting substance misuse and mental health problems</i>
Author/s	Szirom T, King D and Desmond K
Commissioned by?	National Youth Affairs Research Scheme
Date published	Oct 2004
Electronic link to study	http://www.facs.gov.au/internet/facsinternet.nsf/vIA/youthpubs/\$file/Barriers_Ser_Pro_HR.pdf
Project overview	Examines comorbidity/ dual diagnosis amongst young people, especially indigenous people
Key findings	The following barriers to service have been identified: homelessness challenging, volatile or violent behaviour appointment-based service provision defining comorbidity in young people lack of specialist services and dedicated resources lack of experience and dual skills conflicting interests
Key words (stage in system and themes)	STAGE: community care THEMES: young people; indigenous
Key recommendations	The following best practice issues were identified: <input type="checkbox"/> achieving a youth-friendly focus <input type="checkbox"/> intersectional partnerships and integration <input type="checkbox"/> extended (long-term) flexible support 32 recommendations were made in the following areas: policy level; service provider level; intervention; continuing care and recovery; law enforcement and police; indigenous services; education and training, eg: 1. That the Australian Government extend its efforts in the area of co-occurring mental health and substance use issues to include and highlight <i>young people</i> and <i>Indigenous young people</i> as a priority "at-risk" population for comorbidity. 22. That young people, particularly those aged less than 18 years of age, who are offenders and have a substance use issue, are appropriately assessed for a co-occurring mental health problem and/or mental illness.
Recs implemented (if known) – explain	

Title	<i>A national approach to mental health – from crisis to community</i> , First and Final Reports
Author/s	Australian Senate, Select Committee on Mental Health
Commissioned by?	
Date published	March/April 2006
Electronic link to study	http://www.aph.gov.au/senate/committee/mentalhealth_ctte/report/index.htm
Project overview	Examined, inter alia, the overrepresentation of people with a mental illness in the criminal justice system and in custody, the extent to which these environments give rise to mental illness, the adequacy of legislation and processes in protecting their human rights and the use of diversion programs for such people.
Key findings	<p>[13.11] NT mandates that MHRT appoints lawyers unless satisfied that not necessary.</p> <p>[13.13] Qld only jurisdiction with established mental health Court to determine insanity defence or diminished responsibility issues.</p> <p>[13.18] NB SA Magistrates' Courts Diversion Program where participants voluntarily address health needs while legal proceedings are adjourned. See also [13.68].</p> <p>[13.58] Qld establishing mental health Crisis Intervention Teams to involve police and mental health personnel.</p> <p>[13.74] The Thomas Embling Hospital in Victoria is a secure state-of-the-art 100 bed in patient facility and the best Australian model but even so is inadequate because based on too small a prediction for prison population size.</p> <p>[13.80] NSW and Tas constructing secure MH units and SA planning one. Qld has new med/high security forensic facility.</p> <p>[13.141]. Prisoners aren't eligible to receive benefits under Medicare or the PBS – so the costs of treating mentally ill prisoners borne by states and territories.</p>
Key words (stage in system and themes)	<p>STAGE: Custody; courts; diversion</p> <p>THEMES: mental health courts; review tribunals; secure forensic facilities; medicine funding in prisons; juveniles; women; post-release integration</p>
Key recommendations	<ul style="list-style-type: none"> • Significantly expand mental health courts and diversion programs • Place responsibility for the decision to release forensic patients with mental health courts/tribunals • Treatment of people with a mental illness to take place in forensic facilities separate from prisons, using the Victorian Thomas Embling Hospital as a model • Review funding for prescription medicines and medical care • Establish protocols for mental health assessments for prisoners on admission • That the <i>Commonwealth-State Health Research Institute</i> and forensic mental health (FMH) services investigate best practice models for the delivery of FMH care for adolescents • Establish separate FMH facilities for women and have HREOC undertake a national review of the treatment of women with mental health problems in the criminal justice and prison systems • Substantially increase the provision of step-down supported accommodation programs to facilitate reintegration into the

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	community. (Recs 57-65)
Recs implemented (if known) – explain	<p>No. As at May 2008, there has been no response from the Government to this report, however the Senate Community Affairs Committee is currently completing its <i>Inquiry into mental health services in Australia</i>, with regard to:</p> <ul style="list-style-type: none"> - the extent to which the action plan assists in achieving the aims and objectives of the National Mental Health Strategy; - the overall contribution of the action plan to the development of a coordinated infrastructure to support community-based care; - progress towards implementing the recommendations of the Select Committee on Mental Health, as outlined in its report <i>A national approach to mental health – from crisis to community</i>; and - identifying any possible remaining gaps or shortfalls in funding and in the range of services available for people with a mental illness.

Title	The identification of mental disorders in the criminal justice system
Author/s	James Ogloff, Michael Davis, George Rivers and Stuart Ross
Commissioned by?	Criminology Research Council
Date published	2006
Electronic link to study	http://www.criminologyresearchcouncil.gov.au/reports/2006-ogloff.pdf
Project overview	An overview of the mechanisms by which persons with mental illnesses are identified across the criminal justice system in Australia.
Key findings	<ul style="list-style-type: none"> the prevalence rates of a wide variety of mental disorders are disproportionately high in the criminal justice system. a relatively poor job is done adequately identifying the needs of mentally disordered offenders prior to the time they enter the criminal justice system there has been little testing or validation of the models developed for policing those with mental health issues in the Australian context there is currently little liaison between the various services in many jurisdictions and substantial difficulty is experienced by services outside of the capital cities There was considerable heterogeneity in screening practices across Australian police services. Each service acknowledged the increased need for training of officers in this area. Formalised court liaison programs/services show great promise for identifying individuals before the courts who are mentally ill or who require services. fiscal analyses are presented regarding the most promising tool for police custody screening and remand/sentenced prisoners.
Key words (stage in system and themes)	STAGE: police; courts; custody THEMES: identification/screening; police; courts; custody; juveniles
Key recommendations	<ul style="list-style-type: none"> Focus attention on understanding disproportionate prevalence of MH issues in criminal justice system Refer report to Police Senior Officers' Group, Court and JJ/Corrections Administrators Develop routine data sharing between CJ agencies on suspected/diagnosed mental illnesses Train police to assist in determining whether a person has MH issues MH screening of all accused in police custody, on remand or sentence (eg JSAT) or alternative mechanism Further develop court liaison programs MH information to be shared with parole authorities Research to explore validity of screening tools administered by justice staff Ongoing dialogue between MH and justice to identify issues and develop solutions
Recs implemented (if known) – explain	The majority of recommendations have been supported by all jurisdictions. Progress on the recommendations is being monitored by the WA representative on the Corrective Services Advisory Group Working Group (CSAGWG)

Title	Same Crime, Same Time
Author/s	Australian Law Reform Commission
Commissioned by?	Referred by the Attorney General
Date published	April 2006
Electronic link to study	http://www.austlii.edu.au/au/other/alrc/publications/reports/103/
Project overview	Review of sentencing of federal offenders.
Key findings	<ul style="list-style-type: none"> • It is not known how many federal offenders have a mental illness or intellectual disability and there has never been a full review of issues concerning people with a mental illness or intellectual disability within the federal criminal justice system. • Federal sentencing legislation should define the terms 'mental illness' and 'intellectual disability'. • Existing sentencing options alternatives for federal offenders should be expanded and improved. • There is no mechanism under federal sentencing legislation to ensure offenders with an intellectual disability receive the care, rehabilitation and treatment they require. • State and territory authorities should be authorised to treat federal offenders with a mental illness who are subject to orders requiring psychiatric treatment in appropriate circumstances.
Key words (stage in system and themes)	STAGE: sentencing; custody; community orders THEMES: sentencing; federal offenders
Key recommendations	<p>Recs 28-1 to 28-14</p> <ul style="list-style-type: none"> • initiate a comprehensive inquiry into issues concerning people in the federal criminal justice system who have a mental illness (MI), intellectual disability (ID) or cognitive impairment • Australian government to work with state and territory governments to improve substantially the provision of services to federal offenders with MI/ID. • Retain provisions relating to fitness to be tried, acquittal due to mental illness, and summary disposition in the <i>Crimes Act 1914</i> (Cth) but relocate provisions relating to sentencing alternatives to federal sentencing legislation. • Federal sentencing legislation should define the terms 'mental illness' and 'intellectual disability', taking into account eg the different contexts in which the terms are used and co-morbidity. • Federal sentencing legislation should provide that the factors to be considered in sentencing a federal offender include 'mental illness' and 'intellectual disability' and that the offender is receiving treatment or is undertaking a behaviour intervention program to address any condition that may have contributed to the commission of the offence. • Federal sentencing legislation should provide that hospital orders are available as a sentencing option in appropriate circumstances; decisions on release from detention for such persons are to be made by the federal parole authority; see also Recs 9-1 to 9-4 to also apply to hospital orders. • Federal sentencing legislation should empower a court to deal with any breach of a psychiatric probation order or

	<p>program probation order, and when so doing, the court may vary the order if satisfied of the breach.</p> <ul style="list-style-type: none"> • Federal sentencing legislation to provide that participation in the services specified in a justice plan may be attached as a condition of: a community based order; a discharge; a conditional release; a deferred sentence; a program probation order; or a care and rehabilitation order. • The Office for the Management of Federal Offenders should collaborate with state and territory authorities to promote the national adoption of justice plans. • Federal sentencing legislation should provide that a court may make an order for the care and rehabilitation of a federal offender with an ID (see s 20BS <i>Crimes Act 1914</i>) and provide that the court may make an order that the person be detained in secure accommodation for a specified period. • Federal sentencing legislation should provide that a court must request a pre-sentence report when an offender has a (suspected) MI/ID and there is a reasonable prospect that the court will impose a sentence depriving the offender of his or her liberty. • Federal sentencing legislation should require a court to request that the relevant state/territory department provide the court with a 'certificate of available services' if the court is considering imposing an order that a federal offender receive treatment or participate in a rehabilitation program. • State and territory departments of corrective services should ensure that appropriate advice and support is provided to federal offenders with a MI/ID who are required to give consent to participate in a rehabilitation program or give an undertaking to participate in a pre-release scheme. • The Corrective Services Administrators' Conference, in consultation with relevant government and non-government organisations, should develop and promote compliance with national standards for the assessment, detention, treatment and care of persons with a MI/ID who come into contact with the criminal justice system.
<p>Recs implemented (if known) – explain</p>	<p>To date there has not been any implementation of the recommendations. See http://www.austlii.edu.au/au/other/alrc/publications/reports/103/6.html</p>

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Title	Not for service: Experiences of injustice and despair in mental health care in Australia
Author/s	Mental Health Council of Australia, with the Brain and Mind Research Institute and the Human Rights and Equal Opportunity Commission
Commissioned by?	
Date published	2005
Electronic link to study	http://www.mhca.org.au/notforservice/report/index.html
Project overview	Aims to capture the current critical themes in mental health care from the perspective of those who use or deliver its services on a daily basis
Key findings	<ul style="list-style-type: none"> • when persons who are ill cannot access appropriate health care they are more likely to become unemployed, homeless or enter into the criminal justice system. • Presents a jurisdictional summary of all recent developments, eg Queensland's Mental Health Court and the Magistrates Court Diversion Program in South Australia • Noted that the continued and increasing presentation of people with mental illness before the criminal justice system is reaching a crisis point in South Australia, especially with the piloting of a new police prosecution policy in 2004.
Key words (stage in system and themes)	STAGE: THEMES: community care
Key recommendations	<ul style="list-style-type: none"> • that as a matter of urgency all jurisdictions develop nationally consistent guidelines on the assessment, sentencing and provision of specialised mental health care (according to the NMHS) for mentally ill people in contact with the justice and/or detention systems; and • that all Australian jurisdictions provide specialised legal services, diversionary and reintegration programs for people with a mental illness in contact with in the justice and/or detention systems. (Recs 4b and 4c)
Recs implemented (if known) – explain	Not known

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Title	Investing in Australia's future: the personal, social and economic benefits of good mental health. Canberra: Mental Health Council of Australia, 2004.
Author/s	Groom G, Hickie I and Davenport T
Commissioned by?	Mental Health Council of Australia
Date published	December 2004
Electronic link to study	http://www.mhca.org.au/Publications/documents/1.Introduction_IIF.pdf
Project overview	
Key findings	<ul style="list-style-type: none"> • much of the increased morbidity (risk of crime, incarceration and homelessness) and social harm is due to people with <i>untreated</i> rather than treated illness. • we are now very poorly placed in most states other than Victoria to respond to the increasing clinical and community pressures posed by the problems of people who commit serious crimes in association with their mental illness [4.5]
Key words (stage in system and themes)	STAGE: THEMES: forensic care
Key recommendations	The services developed by Victoria (eg. Forensicare) should stand as a model for the rest of the nation, while those states and territories that continue to fail to invest in this key area should be roundly condemned [4.5]
Recs implemented (if known) – explain	The Victorian model continues to be regarded as best practice for forensic care

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Title	Dare to care: SANE mental health report 2004
Author/s	SANE Australia
Commissioned by?	
Date published	2004
Electronic link to study	http://www.aph.gov.au/SEnate/committee/mentalhealth_ctte/submissions/sub133_attach1.pdf
Project overview	SANE is an advocacy group that is critical of Government provisions to mentally ill individuals. The research conducted by SANE is not based largely on evidence. This report focuses on public mental health services' response to the issue of mental illness at a state and Federal level.
Key findings	<ul style="list-style-type: none"> • Mental health services are experiencing problems to varying degrees throughout Australia in relation to providing ongoing treatment and support for people with acute mental illness. • The National Mental Health Strategy does not appear to be achieving its aims: out-dated psychiatric institutions are still in place, community-based services are being drawn back into hospitals, prison psychiatric units are being built instead of discrete forensic hospitals and prisons are becoming de facto psychiatric institutions. • There are no coherent national strategies covering key issues such as dual diagnosis, rehabilitation, supported accommodation, education and training for family and other carers.
Key words (stage in system and themes)	STAGE: community; prisons THEMES: mental health services
Key recommendations	Leadership by governments of all Australian States and Territories in reform of the National Mental Health Strategy to focus on forensic mental health services to replace prison psychiatric units.
Recs implemented (if known) – explain	

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Title	National Mental Health Plan 2003–2008 (Third National Mental Health Plan)
Author/s	Australian Health Ministers
Commissioned by?	
Date published	July 2003
Electronic link to study	http://www.health.gov.au/internet/main/Publishing.nsf/Content/mental-pubs-n-plan03
Project overview	Consolidates the achievements of the First and Second Plans, addresses gaps identified in both, and takes the National Mental Health Strategy forward with restated and new directions. It can be viewed as an ongoing agenda for service and community development that sets priorities for 2003–2008. It represents a partnership between the key stakeholders in mental health.
Key findings	Improving the mental health of Australians cannot be achieved within the health sector alone. A whole-of-government approach is required which brings together a range of sectors that impact on the mental health of individuals, such as housing, education, welfare and justice. (p.13)
Key words (stage in system and themes)	STAGE: THEMES: whole-of-government; health sector
Key recommendations	Outcome 18: Equitable access to housing, employment services, disability services, social services, education and <i>justice</i> Key direction 18.1: Foster linkages with other key sectors via joint policy and planning initiatives, at Commonwealth, State/Territory and local service delivery levels Key direction 18.2: Clarify roles and responsibilities of different sectors Key direction 18.3: Cooperate across sectors to increase the provision of effective and innovative services to people with mental health problems and mental illness
Recs implemented (if known) – explain	

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Title	Out of hospital, Out of mind! A Report Detailing Mental Health Services in Australia in 2002 and Community Priorities for National Mental Health Policy for 2003-2008
Author/s	Groom G, Hickie I and Davenport T
Commissioned by?	Mental Health Council of Australia
Date published	April 2003
Electronic link to study	http://www.mhca.org.au/Publications/documents/OutOfHospitalOutOfMind.pdf
Project overview	
Key findings	<p>Various levels of community and stakeholder support for specific mechanisms for implementing each national priority were canvassed, with 62% of respondents supporting '<i>Specific service agreements between State-based departments of health, housing, education, corrective services and criminal justice</i>' as a means of promoting 'Inter-governmental service agreements'. '<i>Service development for those in forensic (i.e. prison-based) services</i>' was endorsed by 23% of respondents in terms of national priorities; 46% sought '<i>Development of national laws for dealing with forensic issues</i>' and 43% wanted '<i>Development of national standards for specialist forensic mental health services</i>'.</p> <p>Key issues identified in the International Mid-term Review include forensic and prisoner mental health issues being a future priority, noting the high percentage of prisoners with mental health problems.</p> <p>It was also noted that: Some service providers, consumer and carer representatives offered additional comments regarding the mental health needs of forensic, prison and detention centre settings. It was suggested that the draft forensic mental health principles be confirmed and adopted. Additionally, it was considered important to take into account the inter-relationships between offending, childhood abuse, substance abuse and mental illness. [4.2.2.7].</p>
Key words (stage in system and themes)	STAGE: THEMES: whole-of-government; health sector
Key recommendations	None of the core actions identified focused specifically on the criminal justice system
Recs implemented (if known) – explain	

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Title	Evaluation of the Second National Mental Health Plan
Author/s	Steering Committee for the Evaluation of the Second National Mental Health Plan 1998-2003
Commissioned by?	Australian Health Ministers' Advisory Council
Date published	March 2003
Electronic link to study	http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-e-eval2
Project overview	
Key findings	<ul style="list-style-type: none"> • other government services, including the criminal justice and welfare sectors, were identified as priority areas for partnership development identified in the Second Plan (Figure 8) • Forensic populations were noted in the Second Plan as being underserved, and have remained largely neglected. In spite of efforts to develop best practice for national forensic mental health, 'a great deal remains, however, to be done in this underdeveloped area of mental health care'
Key words (stage in system and themes)	STAGE: THEMES: whole-of-government; health sector
Key recommendations	Need for further development of forensic mental health
Recs implemented (if known) – explain	The evaluation underpinned the development of the third national mental health plan (2003-2008)

Title	Indigenous young people with cognitive disabilities and Australian juvenile justice systems
Author/s	Human Rights and Equal Opportunity Commission
Commissioned by?	Human Rights and Equal Opportunity Commission
Date published	December 2005
Electronic link to study	http://www.humanrights.gov.au/social_justice/publications/cognitive.html
Project overview	In 2005 the Commonwealth Attorney General's Department provided funding for the Social Justice Commissioner to undertake a research project examining the issues relating to Indigenous young people with a cognitive disability and/or mental health issue in Australian juvenile justice systems. The report provides the findings of a series of consultations and a national roundtable; highlights current policy and program approaches; provides a brief statistical overview and considers strategies and areas for future research.
Key findings	<p><u>Finding 1:</u> Juvenile detention facilities are meant to be the place of last resort for young people who have committed an offence. They are meant to be a place of rehabilitation – they are clearly failing in this capacity. Recidivism rates attest to this failing.</p> <p>However justice and community agencies nationally are attempting to address the issue with innovative responses beginning to emerge.</p> <p><u>Finding 2:</u> Throughout the consultations and other meetings held throughout this research project it was revealed that there is not that much known about the extent of Indigenous young people with cognitive disabilities and/or mental health problems in juvenile justice system. Less is known about those young people who offend but do not receive a custodial order.</p> <p><u>Finding 3:</u> What is known however is that the early years of development are crucial to averting a cognitive disability or later mental health problems. The alleviation of socioeconomic adversity such as unemployment, family violence and incarceration can all impact on the well being and positive developmental progress of a young person. Studies, such as the <i>Western Australian Aboriginal Child Health Survey</i> have shown the negative impacts of poverty on a young person's physical and mental development.</p> <p><u>Finding 4:</u> Participants of the consultations also strongly supported diversionary programs as a means for addressing the specific issues that confront Indigenous young people with cognitive disabilities and/or mental health problems. While there has been little to no research undertaken on this, anecdotal evidence seems to be that a young person with a disability or mental health issue will benefit from a diversionary approach rather than a custodial sentence.</p> <p><u>Finding 5:</u> The consultations also heard concerns regarding the methods for assessing cognitive disabilities and mental illness are not culturally appropriate and that culturally sensitive testing needs to be further implemented not only in detention centres but in schools and other community environments. People involved with Indigenous young people, such as teachers, police and health professionals need to receive training on identifying symptoms and being able to address the issue in a culturally sensitive manner.</p>

	<p><u>Finding 6:</u> All this depends however on the availability of culturally appropriate services in the community. The research while not providing a mapping of services available in the community or in detention did hear from participants that this was an area require more support from government and community alike. The presence of culturally appropriate services in the community may serve not only as a source of prevention to offending in the first instance, but may be also crucial to providing ongoing support to young people, their families and their communities. Community support agencies can play a vital role in diversionary programs as well as in probation and parole programs.</p> <p><u>Future Research</u> The report also identified a range of areas that would benefit from further investigation. They are:</p> <ul style="list-style-type: none"> • The experiences and impact of diversionary programs on Indigenous young people with a cognitive disability and/or mental health issue. • An examination of the links between Indigenous young people with a cognitive disability and early disengagement with education and early engagement with the juvenile justice system. • An examination of the impact of Otitis Media (and resultant hearing loss) in relation to educational outcomes and early involvement with the juvenile justice system. • An examination of the impact of Foetal Alcohol Syndrome and other foetal abnormalities on cognitive ability in relation to educational outcomes and early engagement with the juvenile justice system. <p>This is by no means an exhaustive list of areas requiring research. It merely highlights the issues raised by participants in this research project.</p> <p><u>Stage 2 Report</u> The Attorney-General's Department has funded further research into these issues. The report will be publicly released in mid-2008.</p>
<p>Key words (stage in system and themes)</p>	<p>THEMES: Indigenous young people; cognitive disability; juvenile justice system STAGE: Custody; diversion; community</p>
<p>Key recommendations</p>	<ul style="list-style-type: none"> • <i>National Crime Prevention Programme</i> and the <i>National Community Crime Prevention Programme</i> be continued and expanded to fund specific projects to address Indigenous young people with cognitive disabilities and/or mental health problems at risk of entering the juvenile justice system; • The Indigenous Law and Justice Division of the Attorney General's Department consider options for providing cognitive disability and mental health training for field officers and other relevant staff of Aboriginal and Torres Strait Islander Legal Services and Indigenous Family Violence Prevention Legal Services. Such training might appropriately be included as units of competency within nationally accredited training programs such as the National Indigenous Legal Advocacy Course (NILAC); • The development of culturally sensitive assessment tools be considered nationally, taking into account the outcomes of the current pilot of the 'CogState' program in Berrimah Prison in the Northern Territory.

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	<ul style="list-style-type: none">• Through the whole of government process for administering Indigenous affairs, the Attorney-General's Department support the adequate funding and resourcing of projects targeting cognitive disability, mental health issues and contact with juvenile justice systems through programs for improving the social and emotional well being of Aboriginal and Torres Strait Islander children.
Recs implemented (if known) – explain	

Title	Mental Illness and the Criminal Justice System: The rights to Humane treatment in articles 7 and 10(1) of the ICCPR. Written submission of the Human Rights and Equal Opportunity Commission to the Coroners Court of NSW - Inquest into the death of Scott Simpson. File No. 988/04.
Author/s	Human Rights and Equal Opportunity Commission
Commissioned by?	Human Rights and Equal Opportunity Commission
Date published	June 19, 2006
Electronic link to study	www.humanrights.gov.au/legal/submissions_court/intervention/simpson.html
Project overview	<p>The Commission has the power to intervene, with leave of the Court, in proceedings that involve issues of race, sex and disability discrimination, human rights issues and equal opportunity in employment. The power to seek leave to intervene is contained in:</p> <ul style="list-style-type: none"> • The <i>Racial Discrimination Act 1975</i> (Cth), s 20(1)(e) • The <i>Sex Discrimination Act 1984</i> (Cth), s 48(1)(gb) • The <i>Disability Discrimination Act 1992</i> (Cth), s 67(1)(l) • <i>Age Discrimination Act 2004</i> (Cth), s 53(1)(g) • The <i>Human Rights and Equal Opportunity Commission Act 1986</i> (Cth) s 11(1)(o) and s. 31(j) <p>When a relevant human rights or discrimination issue arises in a case and the Commission could provide expert assistance that would otherwise not be available to the Court, the Commission may seek leave of the Court to intervene in the proceedings. The Commission will then make submissions on the issues that relate to the Commission's powers.</p> <p>In the Inquest into the death of Scott Simpson, the written submissions made by HREOC were pursuant to its functions relating to human rights under section 11(1) of the <i>Human Rights and Equal Opportunity Commission Act 1986</i> (Cth). In these submissions, HREOC sets out the human rights issues surrounding the incarceration and death of Mr Simpson, including principally the treatment of mentally ill people within the criminal justice system.</p> <p>These human rights issues are relevant to the recommendations that the Coroner may make under section 22A of the <i>Coroners Act 1980</i> (NSW) ('Coroner's Act'), as they relate to public health and safety, and ways to prevent deaths from happening in similar circumstances in the future.</p> <p>In these submissions, HREOC deals in turn with the following matters:</p> <p>(a) The relevant human rights instruments and principles (Part 2).</p> <p>(b) The breaches of the rights to humane treatment (articles 7 and 10(1) of the ICCPR) during Mr Simpson's incarceration as follows:</p> <ul style="list-style-type: none"> • the prolonged detention of Mr Simpson in segregation (Part 4A); • the failure to transfer Mr Simpson to hospital (Part 4B); and • the failure to provide adequate psychiatric care to Mr Simpson in the correctional environment (Part 4C) <p>(c) The obligations imposed by the right to life (article 6 of the ICCPR), including that further steps should be taken toward the elimination of obvious</p>

	<p>hanging points in cells (Part 5).</p> <p>(d) The recommendations the Coroner may make under section 22A of the Coroner's Act (Part 6).</p>
<p>Key findings</p>	<p>[The numbers below reflect the paragraph numbers of the Submission. Similarly, the footnote reference numbers reflects the numbering as it appears in the Submission. Due to the number of footnotes referenced, they have not been copied below. For further details please see a copy of the submission available on HREOC website: www.humanrights.gov.au/legal/submissions_court/intervention/simpson.html]</p> <p>4.7 The Commission submits that the prolonged detention of Mr Simpson in segregated custody was inconsistent with articles 7 and 10(1) of the ICCPR. The Commission notes that inhuman treatment must attain a minimum level of severity to come within the scope of articles 7 and 10. The assessment of this minimum is in part a subjective evaluation that depends on all the circumstances of the case, such as the nature of the treatment, its duration, its physical or mental effects as well as the state of health of the victim</p> <p>4.14 The Commission submits that the effects of this prolonged isolation and confinement on Mr Simpson were most likely aggravated by his serious mental illness and, in turn, aggravated his serious mental illness.</p> <p>4.16 The Commission submits that Mr Simpson's detention in isolation from all other inmates, for almost two years, was not compatible with the standard of treatment required in respect of a seriously mentally ill person detained on remand, and later as a forensic patient. In all the circumstances, the Commission submits that Mr Simpson's protracted detention in isolation from all other inmates was inconsistent with the right to be treated with humanity and dignity within article 10(1) and the prohibition on inhuman and degrading treatment and punishment within article 7 of the ICCPR.</p> <p>4.17 The Commission submits that Mr Simpson should have received care and treatment in 'D ward' during his incarceration, rather than remaining in segregation in the correctional environment. 'D ward' is the acute psychiatric unit at Long Bay Hospital. It is gazetted as a prison and a hospital.^[57] Justice Health is responsible for deciding which prisoners are admitted to 'D ward'.^[58]</p> <p>4.18 The Commission submits that the failure to transfer Mr Simpson to D ward was inconsistent with the Standard Minimum Rules, which provide that seriously mentally ill prisoners should receive treatment in hospital, and with articles 7 and 10(1) of the ICCPR. Again, the Commission notes that ill-treatment must attain a minimum level of severity if it is to fall within the scope of article 7 or 10, and that the assessment of this minimum is in part subjective, it depends on all the circumstances of the case. The Commission provides the following outline of the circumstances of Mr Simpson's case.</p> <p>4.34 The Commission submits that the failure to transfer Mr Simpson to D ward, contrary to the recommendations of the consultant psychiatrists at Goulburn and Long Bay Hospital that Mr Simpson was seriously mentally ill and <u>required</u> treatment in hospital was inconsistent with the standards</p>

required by articles 7 and 10(1) of the ICCPR.^[88] Although the Commission acknowledges the evidence that Mr Simpson's illness was, at times, in remission, the Commission submits that the weight of the evidence was that, for most of the relevant period, Mr Simpson required admission to hospital. Relevantly, this was the evidence of the two psychiatrists (Dr McGrath and Dr Lewin) that played some role in Mr Simpson's ongoing care. Indeed, both these doctors gave evidence that it was not possible to provide appropriate medical care to Mr Simpson in the correctional environment.^[89]

4.37 Accordingly, the Commission submits that the restricted availability of beds does not justify these digressions from the ICCPR norms in relation to the care and treatment of Mr Simpson.

4.41 The Commission submits that this process of executive decision making for forensic patients is inconsistent with the Principles for the Protection of Persons with Mental Illness. The Principles set out the expected standards for care and treatment, for patients' rights, and for decision making in relation to persons with a mental illness. Principle 17 establishes decision making by review bodies as follows:

The review body shall be judicial or other independent and impartial body established by domestic law and functioning in accordance with procedures laid down by domestic law. It shall, in formulating its decisions, have the assistance of one or more qualified and independent mental health practitioners and take their advice into account.

4.43 Further, the Commission submits that the process of executive decision making in New South Wales may limit the extent to which the new hospital facilities proposed for Long Bay provide a solution to the problem of bed shortages. Justice Health gave evidence that a new 135 bed forensic hospital is proposed for Long Bay. It is to be on the site of the current hospital on land which will be de-gazetted as a prison and run exclusively by New South Wales Health through Justice Health.^[104] However, as Dr Lewin warned '[u]nless there is a political will to actually take difficult decisions to move these people on and to allow them humane care in a community setting a larger hospital will very, very quickly be busy with a very small population of those who are in need.'^[105]

4.44 The Commission also submits that the psychiatric care provided to Mr Simpson whilst he remained in the correctional environment was inadequate.

4.52 The Commission submits that the psychiatric care and treatment provided to Mr Simpson both at Goulburn and at Long Bay Hospital was inadequate to address his serious mental health needs. The Commission submits that the failure to provide adequate medical care was inconsistent with the Standard Minimum Rules,^[119] the Principles for the Protection of Persons in Imprisonment,^[120] and the Principles for the Protection of Persons with Mental Illness.^[121]

4.53 Further, the Commission submits that the psychiatric services available at Goulburn appear to be inadequate to meet the level of demand. In addition to Dr McGrath's fortnightly clinic, a fortnightly video-link to a psychiatrist in

	<p>Sydney has been introduced, such that there is now access to a psychiatrist on a weekly basis.^[122] However, when asked in evidence whether increased psychiatric services would be beneficial to the Goulburn prison population, Dr McGrath responded 'oh undoubtedly.'^[123]</p>
<p>Key words (stage in system and themes)</p>	<p>STAGE: Custody THEMES: Mental illness; criminal justice system; humane treatment</p>
<p>Key recommendations</p>	<p>HREOC submitted that the Coroner should make the following recommendations as they relate to public health and safety, and ways to prevent deaths from happening in similar circumstances in the future:</p> <p>Segregated Custody</p> <p>(a) The Department of Corrective Services amend their policies to explicitly state that prisoners should not be placed in segregated custody other than in exceptional circumstances and for limited periods.</p> <p>(b) If the Department of Corrective Services detains a mentally ill prisoner in segregated custody for more than 48 hours, they should be required to certify that segregated custody is the least restrictive means of addressing the security concern. In providing this certification, the Department must be required to consider the following:</p> <ul style="list-style-type: none"> (1) any less restrictive means of addressing the security concerns; (2) the particular mental health needs of the prisoner as identified by Justice Health (in accordance with recommendation (c) below); and (3) any recommendations from Justice Health (in accordance with recommendation (c) below). <p>(c) An appropriately qualified medical practitioner employed by Justice Health should be required to assess all mentally ill prisoners detained in segregated custody within 48 hours of placement, and to report, <u>in writing</u>, to the Department of Corrective Services. Justice Health should identify in this report:</p> <ul style="list-style-type: none"> (1) the particular mental health needs of the prisoner; (2) any therapeutic concerns with the prisoner's detention in segregated custody; (3) any recommendations as to a more appropriate placement, for example, if the prisoner would be more appropriately detained in segregation within a hospital setting, such as, 'D ward'; and (4) any recommendations as to more appropriate conditions of imprisonment in light of the prisoner's mental health needs, for example, allowing interaction with another inmate through a secure barrier. <p>(d) An appropriately qualified medical practitioner employed by Justice Health should be required to assess the health, including the mental health, of all</p>

	<p>prisoners held in segregated custody on a weekly basis¹, and to report <u>in writing</u> to the Department of Corrective Services. Justice Health should identify in this report:</p> <p>(1) any negative (physical or mental) effects on the prisoner arising from their detention in segregated custody;</p> <p>(2) any recommendations as to a more appropriate placement, for example, if the prisoner would be more appropriately detained in segregation within a hospital setting; and</p> <p>(3) any recommendations as to more appropriate conditions of imprisonment in light of the prisoner's mental or physical health needs.</p> <p>Access to adequate medical care</p> <p>(e) Prisoners who are found to be mentally ill within the meaning of the <i>Mental Health Act 1990</i> (NSW) should be transferred to hospital.</p> <p>(f) Prisoners with mental illnesses who remain in the correctional environment should be placed under the special supervision of an appropriately qualified medical practitioner, who will assume responsibility for their treatment. The medical practitioner must be allowed access to their patient as is required, in order to provide the necessary care and treatment.</p> <p>(g) Justice Health review the mental health services available at Goulburn correctional centre to ensure they are adequate to address the mental health needs of the prison population (and to ensure they are adequate to comply with recommendations (c), (d) and (f) above).</p> <p>(h) Decisions about the conditions of imprisonment and release of forensic patients should be made by a judicial or other independent body established by law. The executive branch of government should not continue to have the ultimate responsibility for these decisions.²</p> <p>Hanging Points</p> <p>(i) Further steps be taken toward the elimination of obvious hanging points in New South Wales correctional centres. In taking steps to remove obvious hanging points from cells, consideration should be given to the necessary balancing process of ensuring humane cell design.</p> <p>(j) In relation to the Working Party for the Reduction of Hanging Points, appropriate resources be allocated to enable:</p>
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¹ The Commission notes that the Justice Health Segregated Custody Policy 1.360 at Exhibit 10 provides that all inmates subject to a Segregated Custody Direction must be seen at least once a week by a medical officer. The Commission's submission is that the medical officer must be appropriately qualified, for example, if the prisoner has a serious mental illness they should be assessed by a psychiatrist, preferably their treating psychiatrist (see recommendation (f)).

² Exhibit 11 - See previous recommendation of the Human Rights and Equal Opportunity Commission in *Human Rights and Mental Illness, Report of the National Inquiry into the Human Rights of People with Mental Illness*, (AGPS, Canberra: 1993) at page 942.

	<p>(i) a part-time manager to be appointed; and</p> <p>(ii) the charter to be extended to address all cells in New South Wales correctional centres (according to an order of priority).</p>
<p>Recs implemented (if known) – explain</p>	<p>The Commission was granted leave to intervene in the Coronial Inquest and made both written and oral submissions, many of which were adopted in full or in part by the Coroner when formulating her recommendations.</p> <p>The Coroner adopted the following recommendations made by the Commission:</p> <ol style="list-style-type: none"> 1. The Department of Corrective Services adopt the policy that inmates diagnosed with a mental illness should be placed in segregation only in exceptional circumstances and for a limited period. 2. An appropriately qualified medical practitioner nominated by Justice Health should examine all mentally ill prisoners detained in segregation within 48 hours of placement and a written report should be forwarded from Justice Health to Corrective Services detailing any clinical concerns and recommendations to address those concerns. A similar assessment should be conducted on a weekly basis. 3. That prisoners with a mental illness under the Mental Health Act who cannot immediately be placed in hospital should be placed under the care of a nominated appropriately qualified medical practitioner, who will take responsibility for their treatment. 4. That a review be conducted as to whether the present system of Executive responsibility for decisions about the conditions of imprisonment and the release of forensic patients is best suited to ensure the placement and movement of inmates on clinical grounds. 5. The Department of Corrective Services should ensure that sufficient resources are allocated to the Working Party for the Reduction of Hanging Points, including the appointment of a manager to enable the current working group to be carried out at the earliest opportunity. Additionally, the scope of works should be expanded to include, on a priority basis, all cells in maximum and medium security institutions. <p>A copy of the Coroner's findings and recommendations is available at: www.agd.nsw.gov.au/lawlink/Coroners_Court/ll_coroners.nsf/vwFiles/SimpsonInquest.doc/\$file/SimpsonInquest.docquest.doc</p>

Title	<i>Social Justice Report 2004. Chapter 2: Walking with the Women - Addressing the needs of Indigenous women exiting prison</i>
Author/s	Aboriginal & Torres Strait Islander Social Justice Commissioner, Human Rights and Equal Opportunity Commission
Commissioned by?	Human Rights and Equal Opportunity Commission
Date published	7 February 2005
Electronic link to study	www.humanrights.gov.au/social_justice/sj_report/sjreport04/2WalkingWithTheWomen.html
Project overview	<p>The <i>Social Justice Report 2002</i> provided an overview of the experiences of Indigenous women in corrections. It highlighted the 'landscape of risk'(1) that Indigenous women are exposed to which leads to their high level of involvement with the criminal justice system. The report expressed concern at the rapid growth of the Indigenous female prison population, as well as high rates of recidivism.(2) The report identified a lack of post-release support programs for Indigenous women when they exit prison. It called for further research to address the lack of information on the existence and accessibility of such programs.</p> <p>Addressing this, the Social Justice Commissioner's Unit conducted research and consultations during 2003 and 2004 to identify what support programs are available to Indigenous women upon their release from prison. This included accommodation options, counselling and other programs which may assist in reconnecting Indigenous women with their families and communities.</p> <p>Consultations were held with Indigenous women (including prisoners and ex-prisoners), Indigenous and other community organisations, government departments and academics across Australia. These consultations took the form of focus groups, public forums as well as individual meetings with some organisations and government departments. Consultations were held in cities and towns located near women's prisons or where a high proportion of Indigenous women reside after exiting prison (either permanently or when transiting between prison and their community of residence). (3) Specific information regarding government policies and programs addressing post-release support for Indigenous women was also formally requested in writing from each of the relevant federal, state and territory Ministers and departments. In addition a mapping exercise of existing government and community-based post-release support services was conducted based on the information collected.</p> <p>This chapter then details the main findings of the research and provides an overview of government and community sector post-release support programs. The main findings of the consultations and research were the importance of housing and emergency accommodation options for Indigenous women when released from prison; the importance of being able to access a broad range of programs upon release, including healing; and the lack of coordination of existing government and community services, which has the result of limiting the accessibility of services to Indigenous women. Anecdotal evidence suggests that Indigenous women have difficulty in accessing support programs upon their release and are left to fend for themselves, sometimes leading them to homelessness,</p>

	<p>returning to abusive relationships or re-offending.</p> <p>The chapter begins by providing an overview of factors relating to the involvement of Indigenous women in criminal justice processes in order to contextualise the discussion of post-release programs. This includes a statistical overview of the involvement of Indigenous women in corrections, as well as discussion of the need to address the specific circumstances faced by Indigenous women in order to avoid intersectional discrimination. The chapter then provides an overview of the existing level of programmatic support available to Indigenous women upon exiting prison, with a particular emphasis on housing and healing programs. Overall, it considers options for better service provision and policy development in relation to post-release support programs for Indigenous women.</p> <p>(1) For further details see Aboriginal and Torres Strait Islander Social Justice Commissioner, <i>Social Justice Report 2002</i>, Human Rights and Equal Opportunity Commission, Sydney, 2003, pp135-177 (herein, <i>Social Justice Report 2002</i>).</p> <p>(2) Although there are few Indigenous women in prison at any one time in absolute terms, the figure is significantly higher than for other population groups when considered as a ratio of the Indigenous female population.</p> <p>(3) Community consultations were held in Alice Springs (6 May 2004), Darwin (4 May 2004), Brisbane (15 August 2003 and 22 September 2004), Townsville (8 June 2004), Cairns (9 June 2004), Sydney (22 August 2003), Melbourne (29 August 2003 and 28-29 April 2004), Adelaide (25 March 2004) and Perth (19-23 April 2004).</p>
<p>Key findings</p>	<p><u>Finding 1:</u> The traditional approach to distributing available funding for programs and services is dictated by an economy of scale. This impacts negatively on Indigenous women as it delivers minimum resources to a population within the community that has a high level of need. Given that Indigenous women are manifestly the smallest population in the Australian prison system, it is somewhat understandable that they are the group with the least amount of resources directed towards them. However it is precisely this lack of direct resources that goes some way to maintaining Indigenous women's distinct disadvantage in society.</p> <p><u>Finding 2:</u> The research undertaken by the Social Justice Unit was in response to a number of concerns raised in the <i>Social Justice Report 2002</i>, namely that there was little being done by governments and the community sector to address the concerns confronting Indigenous women post-release. Encouragingly, we learnt of some ground-breaking approaches being undertaken by some state governments and the community sector. The examples of good practice and innovative initiatives being developed by government and community sector need to be encouraged and the experiences shared with other jurisdictions. On the downside however, that there were only a handful of initiatives only served to highlight how much more work there is to be done.</p> <p><u>Finding 3:</u> In acknowledging the importance of the intra-State relationships between government departments and community organisations, it also follows that there must be a co-ordinated approach at the national level. The Council of Australian Governments (COAG) is perhaps best placed to ensure that national</p>

	<p>standards and benchmarks for reducing the over-representation of Indigenous women in the criminal justice system specifically and Indigenous people generally are developed and implemented.</p> <p><u>Finding 4:</u> Regarding Indigenous women with humanity, dignity and respect is crucial to well-being. One step towards this can be made by ensuring Indigenous women have the freedom of choice to access support services should they choose to, both during imprisonment and post-release; to access accommodation that is appropriate to their requirements; and to provide health and other community support services that meet their needs as Indigenous women.</p>
<p>Key words (stage in system and themes)</p>	<p>STAGE: Prison THEMES: Indigenous women</p>
<p>Key recommendations</p>	<p><u>Recommendation 1</u></p> <p>That each State and Territory designates a coordinating agency to develop a whole of government approach to addressing the needs of Indigenous women in corrections. The Department of Justice or Attorney-General's Department would appear to be the most appropriate department for this role. The objective should be to provide a continuity of support for Indigenous women from the pre-release through to the post-release phase.</p> <p><u>Recommendation 2</u></p> <p>That a National Roundtable be convened to identify best practice examples of coordinating pre and post release support for Indigenous women exiting prison. The roundtable should involve Indigenous women, service providers, relevant research institutes and government. Specific focus should also be given to healing models.</p>
<p>Recs implemented (if known) – explain</p>	<p>A National Roundtable was convened in 2006 to progress the issues raised in the report.</p>

ACT REPORTS

Title	Healthy or harmful? Mental health and the operational regime of the new ACT prison
Author/s	ACT Community Coalition on Corrections
Commissioned by?	
Date published	April 2008
Electronic link to study	http://correctionscoalitionact.org.au/Forums/Recent/PrisonEnvironment_MentalHealth.pdf
Project overview	A report into the mental health ramifications of the new ACT prison, the Alexander Maconochie Centre (AMC), which is due to open in 2008.
Key findings	<ul style="list-style-type: none"> • Traditional prison environments are deleterious to detainees' mental health; to counter these, protective factors, such as promoting a sense of connectedness, are required. • The use of strip searches is damaging to mental health, while the frequent use of body scanners gives rise to radiation concerns. • The use of seclusion is also of particular concern for detainees with mental health problems. • It is unrealistic to expect that prison will be able to "cure" many prisoners of addiction, which is a chronic relapsing condition, but realistic that with good treatment their condition can be stabilised. • The prison's operational regime should be designed to reflect the therapeutic principle that positive human interaction and support are fundamental for suicide prevention.
Key words (stage in system and themes)	STAGE: Custody THEMES: Custody; post-release; dual diagnosis; women; victims
Key recommendations	<ul style="list-style-type: none"> • A corrections board with mental health expertise to be responsible for the operational regime • Introduction of a comprehensive system of dynamic security • Acceptance that addiction is a mental health problem • Prioritise ensuring people emerge from prison with the physical and mental capacity to be responsible members of society, rather than making detainees drug free • Commitment by political parties to positive outcomes such as reduced recidivism from the prison • 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 • Whole of government planning for a seamless set of measures within prison and into the community, including adequately resourced community services, especially prearranged mental health support.
Recs implemented (if known) – explain	No response from the Government yet.

Title	Adult Corrections Health Services Plan 2008-2012
Author/s	ACT Health
Commissioned by?	ACT Government
Date published	March 2008
Electronic link to study	http://www.health.act.gov.au/c/health?a=dlpol&policy=1186965029&did=10107160&sid
Project overview	A project plan for the health needs of inmates of the new ACT prison
Key findings	<ul style="list-style-type: none"> • It is estimated that the once operational, there will be 221 inmates at the AMC, of whom approximately: <ul style="list-style-type: none"> ○ 90 will have received or be receiving some form of treatment or assessment by a psychiatrist or General Practitioner, for an emotional or mental problem; ○ 30 will have at one time been admitted to a psychiatric unit or hospital; ○ 44% of women and 37% of men will have received support, counseling or treatment for a mental health problem from a psychologist or counselor at some time in the past; ○ 54% of women and 39% of men will have been diagnosed at some time in the past as having a psychiatric problem, with depression being the most common, with a smaller proportion diagnosed with schizophrenia (3% of women; 5% of men) [3.2.3]. • It is also conservatively estimated that 60% of prisoners (133 prisoners) will require some kind of mental health intervention upon reception [4.3.9]. • Sets out a <i>Mental health plan</i> with 12 guiding principles, adapted from the <i>National Statement of Principles for Forensic Mental Health 2002</i>.
Key words (stage in system and themes)	STAGE: Custody THEMES: ATSI, women
Key recommendations	<p>No recommendations but sets out that a successful Mental Health program within the AMC will:</p> <ul style="list-style-type: none"> • Ensure that every prisoner with a diagnosed or diagnosable mental illness has a care plan through the service that includes a release plan that allows for the successful engagement with services in the community; • Have an emphasis and support for mental health promotion, prevention and early intervention; • Have an emphasis on access, quality and coordination of services both during and post incarceration; • Adopt a recovery orientated treatment service that includes improved links between the AMC and community based services such as supported accommodation, training and rehabilitative services; <p>Include enhanced data collection, monitoring and planning.</p>
Recs implemented (if known) – explain	

Justice mental health audit 2003-2008

Title	Review of the Australian Capital Territory <i>Mental Health (Treatment and Care) Act 1994</i> : Options Paper
Author/s	Morgan Disney & Associates Pty Ltd
Commissioned by?	ACT Health and the Department of Justice
Date published	November 2007
Electronic link to study	http://www.mhccact.org.au/cms/media/user_uploads/options_paper_act_health.pdf
Project overview	Ongoing review of key mental health legislation
Key findings	<ul style="list-style-type: none"> • Following an internal interdepartmental committee process undertaken in 2004-5 to introduce a forensic liaison mental health team working in the ACT Courts system • The 2006-7 budget included provision for funding for the design of a 15-bed secure unit
Key words (stage in system and themes)	THEMES: legislative review; courts STAGE: N/A
Key recommendations	<ul style="list-style-type: none"> • Key options in relation to the Mental Health Tribunal: <ol style="list-style-type: none"> 1. amend legislative provisions for the Tribunal as outlined in the paper; or 2. amend the provisions and explore the potential to create a new Community Care Tribunal, removed from the mental health legislation, and located in other appropriate legislation. • Key options in relation to forensics: <ol style="list-style-type: none"> 1. the development of separate legislation; 2. a separate forensics section in the Act; or 3. the creation of a separate Act with some relevant provisions being maintained in the mental health legislation especially that related to access to services for people on the periphery of the justice system. <p>There is strong agreement that, whatever direction is taken with respect to the forensic provisions, the National Principles must underpin the provisions.</p>
Recs implemented (if known) – explain	N/A. Submissions are currently under review.

Title	Human Rights Audit on the Operation of ACT Correctional Facilities under Corrections Legislation
Author/s	ACT Human Rights Commission
Commissioned by?	
Date published	July 2007
Electronic link to study	http://www.hrc.act.gov.au/assets/docs/Corrections%20Audit%202007.pdf
Project overview	Snapshot of the treatment of detainees at the ACT's current remand centres and identification of issues to be avoided in the AMC, as well as matters to be improved prior to the establishment of the new prison.
Key findings	<ul style="list-style-type: none"> • Inappropriate accommodation and overcrowding within the centres. • The treatment of women remandees identified as an issue. • D yard, the yard for inmates with mental health problems is not considered a 'therapeutic environment.' • Alleged use of force in the remand centres involve mentally ill persons, often while in D yard. • Lack of organised activities in the ACT's remand centres, also identified as an issue combined with additional concerns such as relatively small size of some cells and additional lock-downs considered in reference to mental health act and impact on detainees' mental health.
Key words (stage in system and themes)	STAGE: Custody THEMES: Human rights; forensic patients; women; prisoners at risk of self-harm
Key recommendations	<ul style="list-style-type: none"> • Establish a secure facility for forensic mental health patients as soon as possible (Rec 1.2). • The Corrections Health Plan should recognise the need for a system that redresses poor health-seeking behaviours of detainees with mental illness/ personality disorders. (Rec 4.1.2) • The remand centres (<i>and the AMC</i>) should have experienced staff to talk with detainees with psychological problems to assist in preventing depression and risk of self-harm or suicide. (Rec 4.4) • <i>To prevent the AMC becoming substitute accommodation for mentally ill persons, increased care options across the current in-patient non-forensic mental health facilities and within the community are required.</i> (Rec 7.2)
Recs implemented (if known) – explain	

Title	Appropriate Housing for People Living with a Mental Illness
Author/s	Standing Committee on Health and Disability
Commissioned by?	

Justice mental health audit 2003-2008

Date published	May 2007
Electronic link to study	http://www.parliament.act.gov.au/downloads/reports/04Housing&MentalHealth.pdf
Project overview	Report on the current levels of access to safe, secure and affordable housing for people with mental illness
Key findings	The use of the Belconnen Remand Centre and Brian Hennessy Rehabilitation Centre for the long-term detention of people with a mental illness is inappropriate as they cannot offer the appropriate combination of care, security and rehabilitation required. [3.103]
Key words (stage in system and themes)	STAGE: Custody, post-release THEMES: Custody/ community care
Key recommendations	That Mental Health ACT develop a 'half-way house' either as a single campus or as specific units in the community in which forensic mental health patients can be supported in making the transition from incarceration to living in the community. (Rec 14).
Recs implemented (if known) – explain	The Government has 'agreed in principle' to this recommendation. See Government response to the Standing Committee on Health and Disability Report No 4 <i>Appropriate Housing for people living with a mental illness</i> , available at http://www.parliament.act.gov.au/downloads/reports/6th%20HD%2004%20mental%20illness.pdf The response also makes the following comment: Forensic mental health issues are an important focus of the current review of the <i>Mental Health (Treatment and Care) Act 1994</i> . This review incorporates an extensive community consultation process. Forensic mental health issues are also under consideration as part of the development of the new Mental Health Services Plan for the ACT, which also includes extensive community consultation.

Justice mental health audit 2003-2008

Title	Communication Plan Alexander Maconochie Centre Project
Author/s	ACT Department of Justice & Community Safety
Commissioned by?	
Date published	April 2007
Electronic link to study	http://www.cs.act.gov.au/_data/assets/pdf_file/0003/53175/CommunicationupdateApril07.pdf
Project overview	
Key findings	<p><i>The AMC will include the following Health & Life Skills Programs relevant to inmate mental health:</i></p> <ul style="list-style-type: none"> • Mental Health Support. • Self-Harming/Suicide Support. • Stress Management. • Spiritual/religious services. <p>The report also notes the need for communication to manage prisoners' reintegration and resettlement and proposes to promote liaison and consultation with agencies including the Mental Health Foundation.</p>
Key words (stage in system and themes)	<p>STAGE: Custody</p> <p>THEMES: prison programs; post-release care; women</p>
Key recommendations	N/A
Recs implemented (if known) – explain	N/A

Title	Review of the ACT <i>Mental Health (Tribunal and Care) Act 1994</i>
Author/s	ACT Government
Commissioned by?	
Date published	August 2006
Electronic link to study	http://www.health.act.gov.au/c/health?a=sendfile&ft=p&fid=1197266122&sid=
Project overview	Ongoing review/ opportunity for the ACT government and community to consider amendments that will make the Act more effective and responsive to the current needs of mental health stakeholders and the community.
Key findings	The ACT currently lacks a system for forensic management of forensic offenders, which leads to people either being directed to a therapeutic response or to a criminal justice response.
Key words (stage in system and themes)	STAGE: all stages THEMES: legislative review; forensic patients; courts; review tribunals; emergency services; treatment in prison
Key recommendations	Key questions: 53. <i>What type of service should the ACT have to manage people with mental health conditions who engage in criminal behaviour?</i> 54. <i>Should the Act provide orders for forensic mental health assessments and management plans?</i> 55. <i>Should the Act set out the dispositions available to courts for criminal matters involving forensic mental health offenders and alleged offenders?</i> 56. <i>What should be the role of the courts in relation to the release of people found not guilty on the grounds of mental illness or unfit to stand trial?</i> 57. <i>Should the Act distinguish between the management of people detained for therapeutic reasons and those detained for forensic reasons?</i> 58. <i>Is the Mental Health (Treatment and Care) Act 1994 the appropriate Act to contemplate the powers and procedures for managing forensic offenders?</i> 59. <i>Should the forensic matters be in a stand alone Act or incorporated into existing legislation dealing with criminal law?</i> 60. <i>Should the Act set out appropriate powers for the Courts and relevant ACT agencies to detain, case manage, treat and review forensic mental health offenders and alleged offenders?</i> 61. <i>What powers should be enacted to enable police, ambulance officers, and mental health officers to apprehend and transport people in this group?</i> 62. <i>Is the role of the Mental Health Tribunal in criminal matters appropriate and what improvements are required?</i> 63. <i>Should additional steps be taken to improve the standard of the evidence gathered by the Mental Health Tribunal?</i> 64. <i>Should the Courts have increased access to expert witnesses who give evidence to the Court in relation to mental health issues?</i> 65. <i>Are any changes required to the current Act to protect the right of forensic patients and other lawfully imprisoned persons with mental illness?</i> 66. <i>Should a court or tribunal reviewing a forensic patient's detention, take into account views of other particular groups?</i> 67. <i>What mental health legislative provisions are required to ensure that people detained in the new ACT prison receive ready access to mental health assessment, treatment and care?</i>
Recs implemented (if known) – explain	N/A (Discussion paper). See Options Paper below.

TASMANIAN REPORTS

Title	Mental Health Diversion List – Information Paper
Author/s	Victor Stojcevski
Commissioned by?	Magistrates Court of Tasmania
Date published	May 2008?
Electronic link to study	N/A. Copy available upon request from Victor.Stojcevski@justice.tas.gov.au
Project overview	Outline of Mental Health Diversion List (MHDL), including identifying methods and practices to better collect MHDL data in the event that the pilot continues
Key findings	To date, there has been little consideration of strategies for determining which MHDL data to collect; obtaining, evaluating and comparing the data; collecting qualitative data and overcoming common challenges
Key words (stage in system and themes)	STAGE: court THEMES: special court lists; diversion
Key recommendations	N/A. The report was still in draft form when provided and no recommendations had been prepared yet.
Recs implemented (if known) – explain	The report is to be considered by relevant stakeholders in late May.

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Title	A Foot in the (Revolving) Door? A Preliminary Evaluation of Tasmania's Mental Health Diversion List
Author/s	Hannah Graham
Commissioned by?	Magistrates Court of Tasmania and other Mental Health Diversion List Stakeholders
Date published	Nov 2007
Electronic link to study	N/A.
Project overview	Preliminary assessment of the effectiveness of the Mental Health Diversion List (MHDL) pilot project
Key findings	<ul style="list-style-type: none"> • High levels of collaboration and communication between all parties involved and increased practitioner job satisfaction. • Problem solving, flexibility and individual attention to defendant cases in the court hearings. • Positive defendant outcomes and progress achieved. <p>Two specific areas of concern were:</p> <ul style="list-style-type: none"> • Decentralised and uncoordinated data collection. • Impact on resources and workload.
Key words (stage in system and themes)	<p>STAGE: court</p> <p>THEMES: special court lists; diversion</p>
Key recommendations	<ul style="list-style-type: none"> • Extend the MHDL pilot, retaining it as a specialist list of the Magistrates Court, rather than introducing a separate Court. • Introduce a relief magistrate for when the presiding magistrate is unavailable; consider employment requirements for the MHDL. • Introduce an advocacy representative to participate in consultations and planning for the MHDL. • Improve centralised and coordinated data collection. • Consider establishing an information and discussion forum to facilitate informative education, consultation and feedback • Consider eligibility criteria, eg people with ID, ABI <p>Some points for future evaluations are also noted.</p>
Recs implemented (if known) – explain	N/A

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Title	Review of the <i>Mental Health Act 1996</i> Discussion Paper
Author/s	Department of Health and Human Services
Commissioned by?	
Date published	August 2007
Electronic link to study	http://www.stors.tas.gov.au/au-7-0028-00016
Project overview	Legislative review of the <i>Mental Health Act 1996</i> , with the most fundamental change proposed a shift in focus from detention to treatment; to add the ability to treat without consent to the ability to detain; and a change from a focus on a hospital-based order to a treatment-based order.
Key findings	N/A
Key words (stage in system and themes)	STAGE: detention THEMES: definition of mental illness
Key recommendations	<p>Rec 23: amend the definition of mental illness to provide that a diagnosis of mental illness may not be based solely on: (a) a person's political, religious, or cultural beliefs; (b) a person's sexual preferences; (c) a person's criminal or anti-social behaviour; (d) substance abuse; (e) intellectual disability; (f) acquired brain damage; (g) dementia.</p> <p>There is currently no mention of a person's criminal behaviour in the Act, which provides in relevant part that the definition may not be based solely on a) anti-social behaviour; or b) intellectual or behavioural nonconformity; or c) intellectual disability; or d) intoxication by reason of alcohol or a drug.</p> <p>Rec 31: a) That experienced mental health clinicians, general practitioners, police officers (including officers at the rank of sergeant and above, or in charge of a station) and delegated ambulance officers are able to be approved as Authorised Officers. b) That education and training regarding powers and responsibilities under the Mental Health Act be mandatory for all Authorised Officers.</p> <p>Rec 32: That the Mental Health Act place an onus on Authorised Officers to ensure that police involvement is not requested, if there is a more appropriate and less restrictive option available.</p>
Recs implemented (if known) – explain	

NORTHERN TERRITORY REPORTS

Title	Mental Health Service System Development Strategy Project for the Northern Territory – Final Report
Author/s	Healthcare Management Advisors
Commissioned by?	NT Government Department of Health and Community Services (DHCS)
Date published	Feb 2003
Electronic link to study	http://www.health.nt.gov.au/Publications/Mental_Health_Publications/index.aspx
Project overview	Project to assess and make recommendations on the core elements of a Mental Health Service System Development Strategy
Key findings	<ul style="list-style-type: none"> • Details of the forensic mental health team (p.48).
Key words (stage in system and themes)	STAGE: THEMES: ATSI, juveniles
Key recommendations	<ul style="list-style-type: none"> • That DHCS work with other departments to establish a mental health promotion strategy with a five-year horizon, outlining specific strategies to be undertaken across government to promote and enhance mental health. (Rec 11) • that DHCS develop a mental health prevention strategy by working with an existing interdepartmental and inter-sectoral forum. Should an appropriate forum not exist, it is recommended that a group be established involving stakeholders including the Justice Department and the NT Police Service (Rec 12)
Recs implemented (if known) – explain	

Justice mental health audit 2003-2008

Title	Issues Paper for the Review of the <i>Mental Health and Related Services Act 1998</i>
Author/s	Department of Health and Community Services
Commissioned by?	
Date published	Dec 2003
Electronic link to study	http://www.nt.gov.au/health/pdf/MHRSA_Issues_Paper.pdf
Project overview	Review to identify and address any unanticipated problems with the day-to-day operation of the <i>Mental Health and Related Services Act 1998</i> , which came into operation in February 2003.
Key findings	DHCS is currently working with the Department of Justice to ensure that mental health issues are appropriately considered in any wider review of the law related to assisted and substituted decision making in the Northern Territory.
Key words (stage in system and themes)	STAGE: THEMES: review tribunals; legal standards of proof
Key recommendations	No recommendations but key issues: <ul style="list-style-type: none"> • statutory authority of MHRT not clear within the Act (4.1) • A magistrate considering the offender's capacity at the time of the offending is not required to find that the lack of capacity, eg mental illness, played a role in why the offender committed the offence. Consider whether to amend this (10.6).
Recs implemented (if known) – explain	

VICTORIA REPORTS

Title	<i>Improving Mental Health Outcomes in Victoria: the Next Wave of Reform</i>
Author/s	Boston Consulting Group
Commissioned by?	Victoria Government
Date published	July 2006
Electronic link to study	http://www.dpc.vic.gov.au/CA256D800027B102/Lookup/ImprovingMentalHealthOutcomesinVictoria/\$file/FINAL%20report%20060706.pdf
Project overview	The Victorian Government engaged the Boston Consulting Group (BCG) to lay out for consideration a long term vision and way forward for mental health care reform in VIC, and to recommend some short to medium-term initiatives from both Commonwealth and State Governments to improve service delivery to consumers. This report summarises the findings and recommendations from that engagement.
Key findings	<ul style="list-style-type: none"> • Suicide rates, although not solely affected by mental illness, are useful indicators for the more extreme impacts of mental illness. • There were 521 suicides in Victoria in 2004, representing a suicide rate of 10.5 in ever 100,000, and approximately 90 of those were people suffering from psychotic illnesses – representing a suicide rate for that group of 300 for every 100,000 people. • A number of recent reports have discussed cases where individuals who suicided may have benefited from an enhanced or more timely engagement with mental health services. • 28% of newly remanded VIC prisoners suffer from some level of mental illness – with 8% suffering from schizophrenia or bipolar disorder. • The prevalence of depression in prisons is at least 50% higher than that in the general population, and the prevalence of schizophrenia and bipolar disorder is almost 10 times greater. • 14% of Victorian males with low prevalence mental health disorders have been arrested in the previous 12 months. • People with mental disorders need good quality care not only for their own benefit but also to minimize risk for their communities. • Such care is also of critical importance for prisoners and those who are released into the community. <p>(There were several other findings that were not justice-related)</p>
Key words (stage in system and themes)	THEMES: Mental health; outcomes; service delivery; reform STAGE: Care
Key recommendations	<p>(No justice-specific recommendations)</p> <ul style="list-style-type: none"> • The Commonwealth and Victoria Governments should agree that improving collaboration, reducing gaps between service systems and ensuring accountability for shared outcomes must underpin all future action and investment in this area. • Both Governments should agree to a joint implementation plan, taking into account those initiatives proposed in this report that require combined effort, as well as relevant elements of the current COAG plan. • The implementation of this joint plan should be monitored and evaluated, and the achievement of improved outcomes considered as the basis for gain sharing arrangements in line with the proposed National Reform Agenda.
Recs implemented (if known) – explain	

Justice mental health audit 2003-2008

Title	Treatment and Care of Mentally Ill Offenders Pursuant to Part 5 of the <i>Sentencing Act</i> 1991 and Parts 3-4 of the <i>Mental Health Act</i> 1986 Discussion Paper
Author/s	Victorian Government Department of Human Services and Department of Justice
Commissioned by?	Victorian Government
Date published	December 2003
Electronic link to study	http://www.health.vic.gov.au/mentalhealth/mh-act/discpap.pdf
Project overview	This paper proposes amendments to Part 5 of the <i>Sentencing Act</i> 1991 (Vic), which enable Victorian courts to make hospital orders and hospital security orders for persons found guilty of offences who require involuntary treatment and care for mental illness. Amendments are also proposed to parts 3-4 of the <i>Mental Health Act</i> 1986, which provide a mechanism for community treatment of hospital order patients, set out the circumstances in which this should occur and provide for discharge from others when certain legislative criteria are no longer satisfied.
Key findings	(See recommendations)
Key words (stage in system and themes)	THEMES: Mentally ill offenders; treatment and care; sentencing act; mental health act STAGE: Sentencing
Key recommendations	In regard to the <i>Sentencing Act</i> (s.93(1)(d)), the most significant of the proposals in this report would: <ul style="list-style-type: none"> • permit a court to make an order for involuntary community treatment on the advice of the responsible authorised psychiatrist, without requiring the person to be admitted to an inpatient service • permit courts to make s.93(1)(d) orders only in circumstances where a non-custodial disposition is being contemplated • align the criteria for making a s.93(1)(d) order with the criteria for 'civil' involuntary commitment, but permit additional conditions to be placed on the order by the responsible authorised psychiatrist where necessary because of the relationship between the person's mental illness and offending behaviour • give courts better guidance concerning the matters to be considered prior to making of orders • streamline and simplify the administrative provisions for managing orders under the Mental Health Act. In relation to s. 93(1)(e) orders, it is proposed to amend these provisions to clarify: <ul style="list-style-type: none"> • the criteria under which they should be made and revoked • the consequences of discharge to prison on the operation of the order • issues concerning granting of parole from an inpatient mental health service.
Recs implemented (if known) – explain	Several amendments to the <i>Sentencing</i> and <i>Mental Health Acts</i> have been implemented that relate to these recommendations (From October 2006, hospital orders are replaced with a new order known as a restricted involuntary treatment order (RITO)). The amendments can be found here: http://www.health.vic.gov.au/mentalhealth/cpg/summary.pdf

Title	New directions for Victoria's mental health services: The next five years
Author/s	Department of Human Services
Commissioned by?	Victorian Government
Date published	2002
Electronic link to study	http://www.health.vic.gov.au/mentalhealth/reformstrategy/index.htm
Project overview	Strategy paper outlines the Victorian Government's priorities and future directions of development of mental health services provided to consumers and their carers (from 2002-2007).
Key findings	<p>Key areas driving the stage of reform:</p> <ul style="list-style-type: none"> • Growing service demand • Increased complexity of consumer needs • Need for improved responses to consumer and carer needs • Need for a 'balance' of care between inpatient and community-based services • Workforce capacity issues • Service sustainability and infrastructure • The need for effective linkages and coordination with services that have similar or overlapping consumer groups
Key words (stage in system and themes)	THEMES: drivers for reform in mental health services STAGE: service delivery / community
Key recommendations	<ul style="list-style-type: none"> • Expanding service capacity • Creating new service options • Extending prevention and early intervention • Building a strong and skilled workforce • Strengthening consumer participation • Improving carer participation and support
Recs implemented (if known) – explain	

Title	Dual diagnosis: Key directions and priorities for service development (2007-2010)
Author/s	Department of Human Services
Commissioned by?	Victorian Government
Date published	2007
Electronic link to study	http://www.health.vic.gov.au/drugservices/pubs/dual_diagnosis.htm
Project overview	Paper clarifies priorities and directions for dual diagnosis service development in Victoria (via an Action Plan for 2007-2010). It highlights current service delivery issues and provides guidance for service leaders and managers responsible for ensuring that dual diagnosis becomes core business within their services.
Key findings	<ul style="list-style-type: none"> Increasing numbers of people with dual diagnosis need and use services in each sector Emergence of dual diagnosis difficulties is occurring at an increasingly younger age Dual diagnosis is associated with poorer outcomes and increased risks to health and development over time if not treated early and effectively. Long-term benefits for individuals, their families and/or carers and communities can be achieved through the early recognition and timely treatment of serious health problems such as dual diagnosis Services in each sector record significantly lower rates of dual diagnosis among those using their services than would be expected from census and population surveys. This raises a number of concerns about recognition and response to dual problems in services as well as the routine collection of data to inform service planning Despite examples of good practice, mental health and alcohol and other drug services typically continue to provide segregated services, rather than integrated approaches to treatment and care, for dual diagnosis clients System barriers that impede integration of treatment, care and recovery centrally at policy levels, and locally at service levels, need to be systematically addressed if outcomes for dual diagnosis clients are to be improved.
Key words (stage in system and themes)	THEMES: Dual diagnosis, drugs, alcohol, STAGE: service delivery / treatment
Key recommendations	<ul style="list-style-type: none"> Dual diagnosis is systematically identified and responded to in a timely evidence-based manner as core business in both mental health and alcohol and other drug services. Staff in mental health and alcohol and other drug services are 'dual diagnosis capable', that is, have the knowledge and skills necessary to identify and respond appropriately to dual diagnosis clients and advanced practitioners are able to provide integrated assessment, treatment and care. Specialist mental health and alcohol and other drug services establish effective partnerships and agreed mechanisms that support integrated assessment, treatment and care. Outcomes and service quality for dual diagnosis clients are monitored and regularly reviewed. Consumers and carers are involved in the planning and evaluation of service responses
Recs implemented (if	

known) – explain	
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Title	Disability and the courts.
Author/s	Alexander Zammit
Commissioned by?	Office of the Public Advocate, Vic
Date published	2004
Electronic link to study	http://www.publicadvocate.vic.gov.au/media/docs/Disability20and20the20Courts-7f76eba3-3272-4daa-af59-1aebc778eeeb.pdf
Project overview	An analysis of problem solving courts and existing dispositional options and the search for improved methods of processing defendants with a mental impairment through the criminal courts.
Key findings	<ul style="list-style-type: none"> • People with a mental illness or a cognitive disability are disadvantaged in the criminal justice system • To ensure appropriate safeguards are in place that help the court attain its objectives, must consider the following elements: eligibility, assessment, offence type, public safety, coercion, rights, availability of resources, the role of court staff, the administration of sanctions, and confidentiality •
Key words (stage in system and themes)	THEMES: specialist / problem-solving courts (mental health courts) STAGE: courts, sentencing
Key recommendations	<ul style="list-style-type: none"> • Mental health courts and the utilisation of alternative dispositional options for offenders with a mental impairment are two possible methods that aim to reduce re-offending and promote well being through eliciting positive changes in behaviour • Diversion programs authorised by Magistrates in the traditional Magistrates' Court could help to avoid the negative stigma that may be attached to a separate 'mental health court' which may inadvertently criminalize mental illness or cognitive disabilities.
Recs implemented (if known) – explain	

Title	Because mental health matters: A new focus for mental health and wellbeing in Victoria (Consultation paper)
Author/s	Department of Human Services
Commissioned by?	Victorian Government
Date published	2008
Electronic link to study	http://www.health.vic.gov.au/mentalhealth/reformstrategy/mhmatters-rep08.pdf
Project overview	Proposes priorities for action and possible solutions to identified problems in the delivery of mental health services in Victoria. It contains suggestions for improving services and, most importantly, outcomes for Victorians.
Key findings	<p>Current challenges in Victoria's mental health system:</p> <ul style="list-style-type: none"> • the unfinished service improvement agenda of the last 15 years • demographic and societal trends that led to rising demand and client complexity • over-reliance on expensive acute hospital bed-based care • prolonged, systematic under-investment in certain areas • professional and cultural divisions between different parts of the specialist mental health service system • difficulties in a large system in responding flexibly to new knowledge about effective interventions • lack of clarity about State and Commonwealth government roles and responsibilities in mental health.
Key words (stage in system and themes)	THEMES: early intervention / prevention, inter-agency cooperation STAGE: service delivery, policy
Key recommendations	<ul style="list-style-type: none"> • targeted effort to prevent and reduce the severity of mental health problems and illness • a greater emphasis on intervention earlier in life—particularly childhood and adolescence— earlier in the development of a disorder and earlier during an episode • a broader response to the spectrum of mental health needs • development of a responsive system that does not rely on people being in crisis or severely unwell before providing assistance • cooperation across sectors to support recovery and facilitate social participation, particularly for people with ongoing or episodic mental health problems.
Recs implemented (if known) – explain	

Justice mental health audit 2003-2008

Title	Victorian Prisoner Health Survey
Author/s	Deloitte consulting
Commissioned by?	Dept of Justice
Date published	2003
Electronic link to study	http://www.justice.vic.gov.au/wps/wcm/connect/DOJ+Internet/Home/Prisons/Research+and+Statistics/JUSTICE+-Victorian+Prisoner+Health+Study+(PDF)
Project overview	Draws out connections and implications that are relevant to the future of health services in Victorian prisons
Key findings	<ul style="list-style-type: none"> • The prisoner population is far less mentally healthy than the wider Victorian population. • The overall pattern of findings reflects a prevalence of all the major mental illnesses than is found in the general population. • A very high percentage of prisoners have attempted suicide or otherwise engaged in acts of self-harm. • The prevalence of addictive behaviour is also extraordinarily high. • Requirements that careful attention be paid to the provision of broad-based mental health services to prisoners.
Key words (stage in system and themes)	THEMES: access to health services, need for preventative and coordinated approach STAGE: custody (prison)
Key recommendations	<p>Various –</p> <ul style="list-style-type: none"> • Department of Justice and the Department of Human Services should cooperate and collaborate in the development and delivery of education and health management programs that target the most damaging behaviours and conditions of the prisoner demographic • Victorian Government coordinate initiatives to address the causes of deprivation and offending behaviour that lead to the “vicious circles” of substance abuse, offence, imprisonment, and social and psychological dislocation. • Further exploration of the apparent relationship between early life experience of abuse and subsequent difficulties in life management among women who are imprisoned • Current availability of alcohol and drug treatment services is continued within the prison system • A shift to preventative and public health programs delivered collaboratively and at various stages in the lives of those who serve time in the Victorian Corrections system.
Recs implemented (if known) – explain	

Title	Peace of mind: Providing policing services to people with, or affected by, mental disorders
Author/s	Victoria Police
Commissioned by?	Department of Justice
Date published	2007
Electronic link to study	
Project overview	To present the main findings on current practice in Victoria Police around dealing with people with mental disorders, and propose future directions for the organisation.
Key findings	<ul style="list-style-type: none"> • no specific targets or outcomes for the services that Victoria Police provides to people with a mental disorder • challenges for police in identifying the appropriate sources of information, support and services to address an individual's needs promptly and effectively • the use of the available interventions and dispositions varies across the state, as does the understanding among external stakeholders of the options available to police • the ability of Victoria Police, the mental health services and the ambulance services to accurately gauge the level of demand for services to people with a mental disorder, is also be impacted by the inconsistent application of agreed inter-agency procedures • issues with information capture and use - no centralised corporate recording and collating system for easily sharing these strategies; in most cases they are stored locally or are undocumented • training and education gaps for police officers in responding to persons with mental illness • need to establish a functional area responsible for supporting the mental health portfolio across Victoria Police
Key words (stage in system and themes)	THEMES: information sharing, access to services, police intervention STAGE: Police, custody / arrest
Key recommendations	<p>Various -</p> <ul style="list-style-type: none"> • Simplify policy and procedures so that police can quickly and clearly determine their roles and responsibilities. • Make referral services easier for police to locate, contact and access. • Establish and support an identifiable network of mental health liaison officers state-wide to pass on information, issues and expert advice. • Develop minimum standards and local protocols with other relevant agencies to ensure service delivery is timely and appropriate. • Develop information-sharing guidelines with other relevant agencies to ensure critical information is provided promptly and lawfully. • Develop risk assessment guidelines with other relevant agencies to ensure requests for assistance are appropriate. • Update existing training to reflect the range of mental disorders, effective operational responses and appropriate police roles and responsibilities.
Recs implemented (if known) – explain	Some recommendations already implemented; others continuing as part of VicPol action plan and strategy

NEW SOUTH WALES REPORTS

Title	<i>Diverting mentally disordered offenders in the NSW Local Court</i>
Author/s	Hugh Donnelly & Tim Gotsis
Commissioned by?	Judicial Commission of New South Wales
Date published	March 2008
Electronic link to study	http://www.judcom.nsw.gov.au/monograph31/monograph31.pdf
Project overview	This report examines the legal, clinical and systematic issues surrounding the operation of Section 32 of the <i>Mental Health (Criminal Procedure) Act</i> 1990. S 32 enables magistrates in summary proceedings to divert offenders from the criminal justice system and dismiss their charges either unconditionally or conditionally based on a mental health problem.
Key findings	<ul style="list-style-type: none"> • The number of s 32(3) orders made is small. • Concern was expressed with the broadness and imprecision of the mental disorder criteria for using s 32, and a particular phrase was indicated by magistrates as being archaic and confusing, as it ties the availability of treatment to a mental health institution. • A person whose mental disorder patently makes them unfit to stand trial can be diverted under s 32, which raises difficult questions about procedural fairness in s 32 applications. • Treatment plans are not always initially available or prepared to adequate standards and adjournments are often required to rectify this shortcoming (treatment plans are supposed to be made available to magistrates before the discretion to make a s 32 order can be exercised). • There are difficulties surrounding attempts to clearly define and diagnose mental disorders, and concerns that s 32 is not being utilised frequently enough for defendants with intellectual disabilities. • Policy objectives behind s 32 are being undermined by a lack of community mental health care services, and attempts to evaluate s 32 are hampered by a lack of data on treatment progress and the questionable data on breaches.
Key words (stage in system and themes)	THEMES: Mental illness; mental health act; summary proceedings; diversion; magistrates STAGE: Diversion
Key recommendations	<ul style="list-style-type: none"> • Further research is required to ascertain why there were so few reported breaches of s 32 conditional orders and call ups by magistrates to those who breached the orders. • The permissible length of s 32(3) orders and what is the relationship between interlocutory orders and final orders may require legislative clarification. • Resources need to provide for adequate data analysis and evaluation, i.e. how many defendants are being diverted, relating factors. • The categories of mental disorder identified by s 32 contain anomalies and may warrant re-consideration.
Recs implemented (if known) – explain	Too early at this stage

Title	<i>Mental Illness and the Criminal Justice System</i>
Author/s	Susan Henderson
Commissioned by?	Mental Health Coordinating Council
Date published	May 2003
Electronic link to study	http://www.mhcc.org.au/documents/MentalIllnessandtheCriminalJusticeSystem.pdf
Project overview	Provides an overview of measures that may be taken to prevent people with mental illness from entering the criminal justice system, and prevent recidivism and recurring illness of those who leave it.
Key findings	<ul style="list-style-type: none"> • Integration services are key to preventing people with mental illness from imprisonment. • Substance abuse is a considerable risk factor in the incarceration of people with a mental illness. • Dual diagnosis is a key contributor to the conviction of people with a mental illness. • There are problems of interference of one disorder in the treatment of the other and issues of disruptive behaviour and violence barring access to programs, or pre-empting their premature discharge. • Aboriginal Community Controlled Health Organisations are important for their approach to primary care.
Key words (stage in system and themes)	THEMES: Mental illness; criminal justice system; forensic mental health services; relationship between mental disorder and crime STAGE: Custody, integration
Key recommendations	<ul style="list-style-type: none"> • Forensic psychiatric research should individually address disorders according to a standard classification set. • More focus should be placed on investigating the relationship between mental illness and crime. • The prevalence of substance abuse among people with a mental illness requires examination and integrated mental health and substance abuse treatment is a pragmatic and effective preventative strategy. • More focus should be placed on community level interventions, welfare programs and community support initiatives. • Broad public policies need to be developed that address inequality in education, health, housing and employment. • Prison mental health programs should extend to provide care from arrest, appropriate referral to prison, psychiatric or community care, rehabilitation, release planning and ongoing support on release through community forensic services. • Evaluation of gaol and court diversion programs is required. • System-wide mandatory competencies and ongoing training should be adopted for mental health clinicians. • Improved treatment of dually diagnosed individuals is needed.
Recs implemented (if known) – explain	Unknown

Title	Mental Illness Among New South Wales Prisoners
Author/s	Butler, T. & Allnutt, S.
Commissioned by?	NSW Corrections Health Service
Date published	August 2003
Electronic link to study	http://www.justicehealth.nsw.gov.au/pubs/Mental_Illness_Among_NSW_Prisoners_2003.pdf
Project overview	Screening data from prison inmates was examined to gather information on mental illness in NSW prisons and provide more detail in regard to specific psychiatric disorders among the reception and sentenced prisoner populations.
Key findings	<ul style="list-style-type: none"> • The prevalence of mental illness in the NSW correctional system is substantial and consistent with international findings. • The prevalence of psychiatric disorders in the NSW inmate population is substantially higher than in the general community (74% vs. 22%). • Female prisoners have a higher prevalence of psychiatric disorder than male prisoners. • Two-thirds of reception prisoners had a twelve-month diagnosis of substance use disorder. • 4% to 7% of reception inmates suffer from a functional psychotic mental illness. • One in 20 prisoners had attempted suicide in the twelve months prior to interview. • Females were more likely than males to utilise health services for mental health problems.
Key words (stage in system and themes)	THEMES: Mental illness; psychiatric disorder; NSW prisoners STAGE: Custody
Key recommendations	<ul style="list-style-type: none"> • Current screening procedures for reception prisoners should be reviewed, and there should be a case management approach towards mentally ill inmates with high levels of need. • There should be coordinated pre-release planning involving external agencies in the community. • Treatment and rehabilitation programs for mentally ill prisoners should be reviewed to assess treatment guideline adequacy. • Drug and alcohol rehabilitation should be integrated into the treatment of mentally ill offenders. • Residential treatment units should be developed within the correctional setting to house mentally ill prisoners who require a therapeutic environment but not hospitalisation. • Establish a forensic mental health directorate to coordinate the treatment, care and rehabilitation of forensic patients. • Court liaison services in NSW should be expanded to include all magistrate courts to facilitate the diversion of those with mental illness into mental health care. • All forensic patients should be transferred out of the criminal justice system and into a community forensic mental health system for care.
Recs implemented (if known) – explain	

Justice mental health audit 2003-2008

Title	Young offenders on community orders: health, welfare and criminogenic needs.
Author/s	Kenny, T. & Nelson, P.
Commissioned by?	N/A
Date published	2008
Electronic link to study	http://ses.library.usyd.edu.au/bitstream/2123/2268/3/Frontmatter.pdf
Project overview	Provides information about the health and well-being of young people on community orders.
Key findings	<ul style="list-style-type: none"> • 40% of young offenders scored in the severe clinical range on at least one of the scales of the <i>Adolescent Psychopathy Scale-Short Form</i>. • The two highest frequencies occurred on the Substance Abuse Disorder (26%) and Conduct Disorder (19%). • 25% of young offenders scored in the high/very high psychological distress range. • 74% reported some form of abuse or neglect, with females reporting higher rates than males. • 14% of males and 32% of females reported at least one suicide attempt in the past 12 months.
Key words (stage in system and themes)	THEMES: Young offenders; community orders; health, welfare and criminogenic needs STAGE: Released on community orders
Key recommendations	No recommendations
Recs implemented (if known) – explain	

Justice mental health audit 2003-2008

Title	The psychosocial needs of NSW court defendants
Author/s	Bureau of Crime Statistics and Research
Commissioned by?	N/A
Date published	March 2007
Electronic link to study	http://www.bocsar.nsw.gov.au/lawlink/bocsar/ll_bocsar.nsf/vwFiles/cjb108.pdf/\$file/cjb108.pdf
Project overview	Study to assess levels of social and psychological disadvantage among a sample of NSW court defendants.
Key findings	<ul style="list-style-type: none"> • There were very high rates of self-reported mental illness among NSW court defendants. • More than half of the sample reported suffering from one or more mental illnesses – mood disorders in particular. • Mental health estimates were consistent with other studies that have found the prevalence of mental health disorders among the criminal justice populations to be very high.
Key words (stage in system and themes)	THEMES: Court defendants; mental illness; social needs; psychological needs STAGE: Sentencing
Key recommendations	<ul style="list-style-type: none"> • Focusing on the mental health needs of NSW court defendants would be an important part of any offender-based criminal justice intervention.
Recs implemented (if known) – explain	N/A

Title	Tracking Tragedy: A Systemic Look at Suicides and Homicides Amongst Mental Health Inpatients
Author/s	NSW Mental Health Sentinel Events Review Committee
Commissioned by?	N/A
Date published	December 2003
Electronic link to study	http://www.health.nsw.gov.au/pubs/2007/tracking_tragedy_07.html
Project overview	Report reviews the 8 possible suicide and 8 homicide incidents of patients with mental illness in contact with NSW mental health services that took place from 2001-2003.
Key findings	<ul style="list-style-type: none"> • Approximately one third of patients in the sample were not assessed formally, and the instruments and measures used were not standardised. • Dual diagnosis: many patients had more than one problem, e.g. schizophrenia and substance abuse issues. • Almost half of those who died by suicide while under care, did so within the mental health facility. • There was a tendency for staff to decrease observation levels of patients as soon as minimal improvement was noted in patient symptoms. • Of the 15 patients in the sample who were granted leave whilst in care, 3 suicided while on leave. • A proportion of medical records (1 third) was considered poor; a few were appalling. • Low staffing levels sometimes resulted in poor communication and handover practices regarding patients. • Policies, guidelines and protocols often took a long time to be implemented by mental health services.
Key words (stage in system and themes)	THEMES: Mental illness; suicide; homicide; mental health services STAGE: Care
Key recommendations	<ul style="list-style-type: none"> • The need for specialist services that can deal with both mental health and drug and alcohol problems should be considered. • Open and transparent annual reporting should take place for suicides and homicides pertaining to mental health patients. • There should be standardised state-wide risk management systems and processes for mental health patients, including risk assessment tools. • By July 2005 develop a guide to safe staffing levels as these relate to outcomes of risk assessment. • Ensure that specialist forensic psychiatric services are available 24 hours a day. • By July 2004 preventative action taken to remove potential hanging points from mental health facilities. • Ensure that high-risk psychiatric patients are not managed in a non-psychiatric ward without prior consultation with the Area Clinical Director of Mental Health. • Ensure that a training program is developed and provided to develop the skills and knowledge of key mental health professionals to engage with families in mental health assessments. • (There were several more recommendations)
Recs implemented (if known) – explain	

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Title	Not for Service: Experiences of Injustice and Despair in Mental Health Care in Australia
Author/s	Compiled by the Mental Health Council of Australia, and the Brain and Mind Institute in association with HREOC
Commissioned by?	
Date published	2005
Electronic link to study	http://www.sswahs.nsw.gov.au/MHealth/other/notforservice.html
Project overview	National overview.
Key findings	NSW overview includes conclusions such as: "Even though there were positive accounts of the success of court diversion programs in NSW, there were many more stories that spoke scathingly about the increased focus on security in NSW. The perception remains that the State's main agenda for people with a mental illness is overly focused on incarceration or detention rather than expansion of non-custodial clinical care" (Report 2.7.1.1).
Key words (stage in system and themes)	THEMES: Mental health care; injustice; despair STAGE: All stages
Key recommendations	Broad recommendations (Report mainly a National Analysis of position for mentally ill people in each state) Broad recommendations made with respect to leadership, policy, funding etc.
Recs implemented (if known) – explain	

Title	Review of the NSW Forensic Mental Health Legislation
Author/s	The Hon Greg James QC
Commissioned by?	Attorney General, Minister for Health, Minister Assisting the Minister for Health (Mental Health)
Date published	2008
Electronic link to study	http://www.health.nsw.gov.au/pubs/2007/forensic_review.html
Project overview	The core issue for the Review was whether the existing system requiring executive decision for the care, detention, treatment, leave and release of prisoners transferred into hospital as mentally ill and of persons found not guilty by reason of mental illness or unfit for trial should be replaced.
Key findings	The present legislation is unclear, complicated, difficult to apply and contains flaws and inconsistencies. In consequence, agencies frequently fail to comply with it and forensic patients are adversely, sometimes wrongly, treated under it. Under the present legislative processes there is a disconformity between the treatment of forensic patients in the courts and in the Tribunal and their treatment in correctional facilities.
Key words (stage in system and themes)	THEMES: Forensic mental health; legislation STAGE: Custody, courts, care
Key recommendations	Made 34 recommendations. Various legislative recommendations. Recommended that the NSWLRC "should review the concepts of mental

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	illness, mental condition, intellectual disability and unfitness for trial used in the law generally and in forensic mental health legislation".
Recs implemented (if known) – explain	Report only released this year. None implemented as yet.

Title	On the edge of justice: the legal needs of people with a mental illness in NSW
Author/s	Karras, M, E McCarron, A Gray & S Ardasinski
Commissioned by?	Law and Justice Foundation of NSW
Date published	Sydney, 2006
Electronic link to study	http://xml.lawfoundation.net.au/ljf/site/articleIDs/CB05FD97AAF2458CCA25718E00014293/\$file/EdgeOfJustice.pdf
Project overview	"This report into the legal needs of people with a mental illness is based on a review of existing literature and consultations with legal and non-legal service providers, academics, and the people themselves. It seeks to canvass many of the particular issues relevant to this group in NSW".
Key findings	Outlined barriers (legal and non-legal) to people with a mental illness accessing the justice system.
Key words (stage in system and themes)	THEMES: Mental illness; legal needs STAGE: All stages
Key recommendations	Suggests more flexible service delivery and "adoption of a more 'therapeutic jurisprudence-based approach' to courtroom processes may also assist in breaking down some of the barriers to people with a mental illness participating in the legal system".
Recs implemented (if known) – explain	

SOUTH AUSTRALIA REPORTS

Title	<i>Stepping Up: A Social Inclusion Action Plan for Mental Health Reform 2007-2012</i>
Author/s	South Australian Social Inclusion Board, chaired by Monsignor David Cappo
Commissioned by?	Premier of South Australia, Mike Rann
Date published	2007
Electronic link to study	http://www.socialinclusion.sa.gov.au/page.php?id=30
Project overview	This report lays out a five-year action plan to reform the mental health system in South Australia and to provide better, more responsive services and an integrated system of care.
Key findings	<p>The Social Inclusion Board recommends how South Australia must use the frameworks and the mechanisms of social inclusion. In its essence, this is a report on how to support people with mental illness to lead the satisfying and hopeful lives they so desire.</p> <p>The Board also recommends redevelopment of Glenside Hospital as a modern central specialist mental health facility.</p>
Key words (stage in system and themes)	THEMES: Social inclusion, recovery focus, early intervention, workforce.
Key recommendations	<p>The report contains 41 recommendations.</p> <p>Summary:</p> <ul style="list-style-type: none"> • Developing a people centred system • Understanding the people who use the mental health system • Implementing a stepped system of care with community services at its centre • Developing a workforce for the future • Focussing on prevention and early intervention • Redeveloping Glenside as a centre for state-wide specialist services • Encouraging agencies to work together • Talking stigma and discrimination • Implementing the plan - making it happen
Recs implemented (if known) – explain	The Government is making major investments in the redevelopment of Glenside and has made a commitment to implement other recommendations.

Title	Paving the Way - Review of Mental Health Legislation in South Australia
Author/s	Ian Bidmeade
Commissioned by?	Review Committee on Mental Health Legislation for the Mental Health Unit, SA Department of Health
Date published	April 2005
Electronic link to study	www.dh.sa.gov.au/mental-health-unit/publications.asp
Project overview	<p>The terms of reference for this review were to ensure that mental health and other relevant legislation in South Australia:</p> <ul style="list-style-type: none"> • Affirms the rights, dignity and civil liberties of mental health consumers and their carers • Balances these rights with the community's legitimate expectations that it be protected from harm • Ensures that procedures facilitate care and treatment appropriately • Establishes clear principles, which enable mental health consumers to receive appropriate services in either hospitals or in the community • Provides a legislative framework for a modern mental health service system in South Australia
Key findings	The need for a modern philosophical framework and reflecting New Service Directions through Community Care.
Key words (stage in system and themes)	THEMES: Legislation, rights of carers and consumers, information sharing, community care.
Key recommendations	<p>The report makes 81 recommendations that relate to the following priorities:</p> <ul style="list-style-type: none"> • The need for a modern, philosophical framework • Consumer rights • The treatment plan as a pivotal requirement • Carer rights • The confidentiality barrier to sharing information • Communication and exchange of information • Aboriginal consumers and carers • People from different cultural backgrounds • The special needs of children • Advanced directives (Ulysses Agreements) - Temporary Incapacity • Electro-convulsive therapy • Criteria for compulsory intervention • Apprehension and conveyance • Audio-visual conferencing • Admission and detention • Community treatment orders • Guardianship board • The appeal process • Advocacy and community visitors • Discrimination on basis of mental illness • Cross-border recognition of orders
Recs implemented (if known) – explain	This report was endorsed by government and a major review of the SA <i>Mental Health Act</i> has been undertaken. This new bill is expected to be introduced into parliament mid 2008.

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Title	Mental Impairment - Joint Stakeholder Survey (referred to as the Bonesmo report)
Author/s	Margaret Bonesmo, Barrister
Commissioned by?	SA Departments of Health, Justice and SA Attorney-General's Department
Date published	March 2005
Electronic link to study	Not available
Project overview	The report and survey were designed to gauge current understanding and awareness of the principles and operation of the legislative regime for dealing with offenders who have a mental impairment. It also sought a record of key issues impacting on the implementation of Part 8A of the <i>Criminal Law Consolidation Act & Magistrates Court Diversion Program (Mental Impairment.)</i> (SA).
Key findings	The report stresses the importance of the strategies to ensure infrastructure, personnel, training and cross agency protocols make the best use of existing services.
Key words (stage in system and themes)	THEMES: Survey, legislation review, <i>Criminal Law Consolidation Act Part 8A</i> .
Key recommendations	<p>Bonesmo made many recommendations in the following areas</p> <ol style="list-style-type: none"> 1. Infrastructure 2. Early intervention 3. Community confidence 4. Legislative issues 5. Case management <p>Her major emphasis was the importance of implementing strategies to clarify the legislation and improve service delivery to reverse crisis management and reduce offending.</p>
Recs implemented (if known) – explain	The SA <i>Mental Health Act</i> review has incorporated many of Bonesmo's recommendations. This new bill is expected to be introduced into parliament mid 2008.

Title	A review of Community Mental Health Services in South Australia
Author/s	Dr Margaret Honeyman
Commissioned by?	Mr Derek Wright, Director Mental Health Operations
Date published	January 2008
Electronic link to study	www.health.sa.gov.au/mentalhealth
Project overview	The 'Stepping Up' Report outlines a transition from institutional to community-based care. To enable the Department of Health to redesign community services in line with the Report, a review was commissioned.
Key findings	The review acknowledged many good outcomes for consumers and families but also areas for improvement including: <ul style="list-style-type: none"> • service delivery models and models of care; • service access entry points; • continuity of care; • standardised documentation and information systems, and information sharing mechanisms; • enhancing multi-disciplinary teams; • operational hours of service; • governance structures; • suitability of some facilities and the spread sites; • utilisation of non-government organisations; and • performance and data collection.
Key words (stage in system and themes)	THEMES: Service delivery models, models of care, continuity of care, governance structures, NGOs, performance, data, access entry points.
Key recommendations	<ul style="list-style-type: none"> • A new model of care and service delivery model • Improved coordination between community teams, rehabilitation services, NGO and community services, GPs and private psychiatrists results which will result in improved outcomes for consumers • Standardised clinical records and documentation information systems, and information sharing mechanisms • A consistent mix of disciplines within each community mental health team • Shared governance and performance Indicators among service providers • Sectorisation - the metropolitan area is to be divided into six sectors with comparable population figures and/or demographics, and a staff deployment to reflect variation.
Recs implemented (if known) – explain	A community mental health project team and a reference group have been established to work on the development of the new services including a new model of care for community mental health services and identification of six new Community Mental Health Centres. Consultation has occurred and a workshop on 13 May 2008 was attended by over 190 people representing a broad cross-section of clinicians, team leaders, managers and workers.

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Title	Getting Through: Responding to Young People's Mental Health Issues in the Youth Sector
Author/s	YACSA (Youth Affairs Council of SA)
Commissioned by?	YACSA Policy Council
Date published	2006
Electronic link to study	http://www.yacsa.com.au/onlinedocs/Mental%20health%20paper%202006-11-10%20-%20for%20web%20reduced.pdf
Project overview	How the youth sector in South Australia is faring in supporting young people with mental health issues – both from workers' perspectives and from young people's.
Key findings	<ul style="list-style-type: none"> • Services can make themselves more responsive to young people's needs by; <ul style="list-style-type: none"> ➢ taking a holistic approach ➢ practicing early intervention ➢ working within families ➢ utilising peer support and outreach activities ➢ being accessible, confidential and approachable ➢ employing workers who understand mental health ➢ being developmentally focused and committed to building young people's sense of self.
Key words (stage in system and themes)	THEMES: Holistic, outreach, young people
Key recommendations	<ol style="list-style-type: none"> 1. All State Government mental health programs and services for young people funded specifically to promote their services across the youth sector and directly to young people themselves. 2. The State Government commit to investing in the appropriate ongoing training in mental health and associated issues for workers with young people, including the development of practical tools and resources to assist them in their work. 3. The State Government investigate the identified gaps in youth mental health service provision outlined in this report and move to appropriately resource initiatives that meet existing need. 4. The State Government develop a continuum of developmentally appropriate mental health services from infancy through to adulthood, rather than continue with age-based eligibility for service. 5. That appropriate transitional support programs are developed to assist young people's transition from the youth mental health system, as well as the transition to the adult system as required.
Recs implemented (if known) – explain	Not known

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Title	Review of Programmes in Youth Training Centres
Author/s	Dr Andrew Day and Dr Sharon Casey
Commissioned by?	Guardian for Children and Young People
Date published	March 2008
Electronic link to study	http://gcyp.sa.gov.au
Project overview	The review reports the findings of a series of consultations with a range of stakeholders, both government and non-government, about the current provision of services and programmes to youth justice clients in Training Centres.
Key findings	<ul style="list-style-type: none"> ➤ The research literature suggests that the most effective interventions are those that target offenders with the highest risk of re-offending ➤ That substance use, cognitive and social skills programmes, and interventions to improve family functioning and educational/vocational attainment should form the core of any comprehensive and evidence based approach to service delivery ➤ The development of a specialist youth justice intervention team (comprising multidisciplinary professional groups) to oversee, supervise, and deliver programmes is essential if a coherent whole of service-based response to programming is to be developed
Key words (stage in system and themes)	THEMES: Guardianship, youth justice, youth training centres
Key recommendations	<ul style="list-style-type: none"> ➤ Policy statements are developed in relation to the provision of programmes in the youth training centres. ➤ Implement the new case management tool ➤ Establish a programme management group ➤ Recruit professional level staff with experience in programme delivery to assist with programme implementation ➤ Following further consultation with stakeholders, develop a specific intervention framework for young people who; <ol style="list-style-type: none"> a. Have committed serious and repeat offences b. Identify as from an Aboriginal cultural background. c. Have specific needs in relation to gender
Recs implemented (if known) – explain	Case management tool implemented, Procedures are being developed and Programme management team has met as part of Training Centre Action Plan

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Title	2006 Mental Health Memorandum of Understanding
Author/s	SA Police, SA Ambulance Service, SA Department of Health, Royal Flying Doctor Service
Commissioned by?	N/A
Date published	30 June 2006
Electronic link to study	www.health.sa.gov.au/mentalhealth
Project overview	<p>To provide:</p> <ul style="list-style-type: none"> • Operational principles • Operational service standards • Establish benchmarks for attendance and assessment • Define accountabilities of partner agencies • Establish dispute resolution processes. • Improve interagency service delivery
Key findings	N/A
Key words (stage in system and themes)	THEMES: Memorandum of understanding
Key recommendations	N/A
Recs implemented (if known) – explain	MOU implemented 1/9/06

QUEENSLAND REPORTS

Title	Issues for People With a Cognitive Disability in the Corrections System
Author/s	Office of the Public Advocate of Queensland
Commissioned by?	Queensland Government
Date published	May 2005
Electronic link to study	http://www.justice.qld.gov.au/files/Guardianship/ip_0505.pdf
Project overview	This paper discusses some key issues that came to the attention of the Public Advocate, which impact on the operations of the Department of Corrective Services (DCS) concerning people with intellectual disability, acquired brain injury, mental illness and dementia.
Key findings	<ul style="list-style-type: none"> • Those with a cognitive disability may find it difficult to remember and/or understand the rules in prison, leading to discipline by corrections staff and punishment from the general prison population. • People with intellectual disabilities experience serious social disadvantage and often ongoing cycles of imprisonment, homelessness, unemployment and poverty. • If prisoner numbers continue to increase and community services for those with cognitive disabilities (CD) become more restricted, it is likely that there will be dramatic increases in the number of people with CD housed in prison. • Often inmates in need of services are placed in units where it is most difficult to deliver services; those who display 'challenging behaviour' are often isolated from other prisoners. • Parole presents a particular problem for people with CD: even if they maintain a good record in prison, lack of suitable housing, employment, support services or social supports mean that they are unlikely to be granted parole. • Due to definition issues within the risk classification system offenders with CD often attract a high classification and are housed with dangerous prisoners, thus being unable to access services.
Key words (stage in system and themes)	THEMES: Corrections; cognitive disability; mental illness; impaired decision making STAGE: Prison/ custody
Key recommendations	<ul style="list-style-type: none"> • The Government needs to commit to financially and environmentally sustainable programs for people with CD, and the DCS should research and implement appropriate strategies for people with CD from inception to post release. • This process should involve Gov and non-Gov agencies including research institutions working collaboratively to address the offending behaviour of this cohort and their integration into the community. • The existence of segregation units in prisons and data concerning their use should be clearly set out and appropriately trained staff provided with sufficient resources to address the behavioural interventions needed by each individual housed within them. • Programs should be introduced that meet the needs of those in prisons with CD who are classified as high risk. • People with CD should not be held in prison while on remand.
Recs implemented (if known) – explain	

Title	<i>Preserving Life and Dignity in Distress: Responding to Critical Mental Health Incidents</i>
Author/s	Office of the Public Advocate – Queensland
Commissioned by?	Queensland Government
Date published	March 2005
Electronic link to study	http://www.justice.qld.gov.au/files/Guardianship/p4_0305.pdf
Project overview	Examines the systemic responses that are currently made to vulnerable QLDs who experience a psychiatric crisis, proposes recommendations that will better meet the needs of people in such situations.
Key findings	<ul style="list-style-type: none"> • There has been a movement of people with a mental illness from long-term psychiatric facilities into the community (deinstitutionalisation) without the promised funding for community support services. • Police are predominantly the first point of contact for people with mental illness, which can cause problems with identification and response. • Dual diagnosis is a problem: police may find those with substance abuse disorders more difficult to engage and unpredictable/violent, or on the other hand substance abuse may mask the presence of mental illness. • Lethal events can sometimes occur when police interact with people who have a mental illness. • Mental health crises require immediate assessment to ascertain the need for treatment, and appropriate responses are only possible from within a community policing framework in coordination with mental health services, rather than a traditional policing approach.
Key words (stage in system and themes)	THEMES: Critical mental health incidents; psychiatric crisis; police; prisons STAGE: First contact with police
Key recommendations	<ul style="list-style-type: none"> • QLD Gov, through the QLD Police Service and QLD Health to develop and implement a Crisis Intervention Team (CIT) program for responding to critical mental health incidents in QLD. • Police to provide ready access for CIT officers to non-lethal weapons for the safe and humane resolution of critical MH incidents. • Dual diagnosis: QLD Health to look at co-locating substance abuse and mental health services. • In implementing the CIT program QLD Health to provide a dedicated space within health services for the reception, triage and assessment of people in mental health crisis. • A formal audit of prisoners and those on remand to be undertaken to determine more precisely the rate of mental disorders in prisons, in order to assess whether current service response are adequate. • Consideration of the establishment of a SCAN-type model for people with a mental illness.

Title	<i>Breaking the Cycle: A Study of Victimisation and Violence in the Lives of Non-custodial Offenders</i>
Author/s	Queensland Crime and Misconduct Commission
Commissioned by?	N/A
Date published	July 2007
Electronic link to study	http://www.cmc.qld.gov.au/data/portal/00000005/content/20003001186461304939.PDF
Project overview	The study described in this report provides comprehensive information about the lives of 480 offenders serving community supervision orders in Queensland.
Key findings	<ul style="list-style-type: none"> • 35% of male offenders and 41% of female offenders reported they had attempted suicide at some stage in their lives. • 22% had been admitted to a psychiatric unit. • 16% reported currently receiving treatment for a mental health problem. • A large proportion of offenders reported being diagnosed at some stage in their lives with depression (43%), anxiety (23%), bipolar disorder (8%), schizophrenia (8%), personality disorder (7%), drug dependence (26%), alcohol dependence (14%), ADD (9%), other mental illness (9%). • Group differences were found: female respondents reported higher rates of depression, bipolar disorder, anxiety and ADHD than males. • Compared with non-Indigenous respondents, Indigenous respondents had a lower prevalence of depression, bipolar disorder, personality disorder, schizophrenia, anxiety, ADHD and alcohol dependence, but greater prevalence of drug dependence. • The rates of mental health problems are 3 to 7 times higher among the sample of offenders than in the Australian population. • Fewer Indigenous offenders had been admitted to a psychiatric unit at some stage in their lives than non-Indigenous offenders.
Key words (stage in system and themes)	THEMES: Non-custodial offenders; victimisation; substance abuse; mental health problems STAGE: Community supervision orders
Key recommendations	<ul style="list-style-type: none"> • Physical abuse and/or neglect appear to increase likelihood of mental health problems (as well as other problems) later in life; therefore early intervention and engagement across settings such as families, schools, communities, churches and government is necessary. • Providing current child victims with appropriate support and assistance may help them break the cycle that leads to delinquency and crime, poor mental health, substance abuse and repeat victimisation. • It regard to those who have begun offending, it is worthwhile to invest in more treatment programs that target the various needs of serious offenders. • This treatment should also be extended to non-custodial offenders.
Recs implemented (if known) – explain	

Title	<i>Pathways for People with a Disability in the Criminal Justice System: Using a Benefit Cost Analysis to Reframe the Approach to Policies and Programs</i>
Author/s	Queensland Advocacy Incorporated
Commissioned by?	
Date published	November 2007
Electronic link to study	Not known
Project overview	This paper outlines the project undertaken by QLD Advocacy Incorporated (QIA) to assist the QLD Government agencies with reframing their approach to policies and programs for people with disability in the criminal justice system.
Key findings	<ul style="list-style-type: none"> • Failure of early intervention through timely and responsive support services at critical points in the criminal justice system from police, courts, legal fraternity, remand and corrections often leads to the denial of the basic right to be equal before the law. • The Government already provides a level of service to those with disability in the CJS through policing, courts, corrections and some community based support – these are used as building blocks for early intervention strategies. • Court diversion programs, such as the Victorian Court Intervention Support Programs (CISP) ensure that defendants receive appropriate support and services (including mental health services) to reduce re-offending. • There are support services available, however there is insufficient funding for community organisations to provide the level of support required. <p>This project focuses on long term cost saving for state government, particularly on the operational costs of agencies. It presents pathway analyses for various case studies of individuals with disability who enter the CJS, identifying the type of costs and who bears them to indicate the burden that falls on many groups and other levels of government.</p> <ul style="list-style-type: none"> • The lived experiences of those in the case studies is estimated to have cost the state government up to three times more than an intervention strategy scenario would.
Key words (stage in system and themes)	THEMES: Disability; criminal justice system; early intervention; cost benefit analysis STAGE:
Key recommendations	<ul style="list-style-type: none"> • Addressing the risk of re-offending by people with disability will require capacity building in the community services sector. <p>The authors recommend that the Department of Premier and Cabinet:</p> <ul style="list-style-type: none"> • Distribute the report to relevant agencies for consideration in the development of their budget bids for 2008-09 for prevention and early intervention programs • use appropriate existing cross agency groups to discuss the application of the methodology more broadly • sponsor areas for more detailed application of the methodology to people with disability in the criminal justice system with the involvement of key agencies • encourage agencies to consider the application of the methodology in their disability action plans in program and service reviews.
Recs implemented (if known) – explain	

Title	<i>Disabled Justice: The Barriers to Justice for Persons with Disability in Queensland</i>
Author/s	Phillip French, Disability Studies and Research Institute
Commissioned by?	Queensland Advocacy Incorporated
Date published	May 2007
Electronic link to study	http://www.qai.org.au/documents/doc_199.pdf
Project overview	This report examines the experience of persons with disability with the Queensland criminal justice system, and contains findings and recommendations that can be considered in the context of justice mental health issues.
Key findings	<ul style="list-style-type: none"> • Drug and alcohol services are often refused to persons with cognitive disability. • There are very few psychiatrists competent in the treatment of persons with intellectual impairment and brain injury who also have a mental illness. • Police interviews are discursive verbal processes and many persons with cognitive disability have limited receptive and expressive language. • Police may view persons with disability or cognitive impairments as inherently prone to crime, and may consequently focus inappropriate attention on them when a crime is committed to the exclusion of other potential explanations and suspects. • Court processes may make little sense to people with cognitive disability, often resulting in great frustration and anxiety and the individuals leaving the court. • Corrections-based counselling and rehabilitation programs are inadequate and are often poorly adapted or inaccessible to persons with disability. • Persons with disability are much more likely than other prisoners to be the subject of emotional and psychological abuse in a correctional setting, which may lead to the development or exacerbation of psychosocial impairment, alienation, social withdrawal and anti-social behaviour.
Key words (stage in system and themes)	THEMES: Disability; criminal justice system; barriers STAGE: Police, custody, courts, diversion
Key recommendations	<ul style="list-style-type: none"> • Establish a disability advisory council chaired by the major state justice departments to advise on disability issues arising within each area. • The Department of Premier and Cabinet to develop and implement a whole of government access to justice strategy for persons with disability as well as a crime prevention strategy in relation to persons with disability. • Audits to be conducted on all disability facilities and services funded or supported by the major justice departments to determine accessibility of services to persons with disability. • Flexible Service Delivery to be adopted by key justice agencies for identifying and responding to the needs of persons with disability in contact with front-line services. • DCS to develop and implement individualised community-based custodial options for offenders with disability. <p>(This report makes 25 recommendations with reference to the <i>Convention on the Rights of Persons with Disabilities</i> adopted by the United Nations on 13 December 2006)</p>

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Title	<i>Homelessness and Street Offences Project</i>
Author/s	Legal Aid Queensland
Commissioned by?	-
Date published	August 2005
Electronic link to study	pdf copy provided
Project overview	<p>To identify:</p> <ul style="list-style-type: none"> • the level of need for representation of homeless and mentally ill people charged with street offences • the nature of the need, in terms of common charges, current resolution of matters and effective resolution of matters and • systemic issues affecting the effective disposition of matters involving homeless and mentally ill people charged with street offences.
Key findings	<ul style="list-style-type: none"> • More than half of the client of the 60 clients involved in the project had mental health issues. • Much of the anti-social behaviour exhibited by the clients was a result of their impaired decision making capabilities. • There was a significant 'failure to appear' rate among homeless people due to come before a Magistrate • All clients were either in receipt of government benefits or had extremely low income, with none receiving more than \$300 net per week.
Key words (stage in system and themes)	Homelessness – mental health issues – street offences – Magistrates Court
Key recommendations	<ul style="list-style-type: none"> • The Queensland government develop and implement a protocol governing dealings with homeless people, emphasising the importance of special care for this group. • The Queensland Police Service review and refine techniques for dealing with homeless people (particularly those with mental health issues) with the aim of achieving an outcome, where possible, which balances enforcement with rehabilitation. • Enforcement authorities and support agencies identify mechanisms to support homeless defendants to appear in court.
Recs implemented (if known) – explain	See below - report on the Homeless Persons Court Diversion Program Pilot.

Title	<i>Homelessness, Mental Health and Law Enforcement</i>
Author/s	Alana Ebert
Commissioned by?	-
Date published	2005 – 12 Psychiatry, Psychology and Law 152-162.
Electronic link to study	pdf copy provided
Project overview	To examine police motivations and behaviours in relation to homeless people through examining: <ul style="list-style-type: none"> • the practical effects of the <i>Vagrants, Gaming and Other Offences Act 1931 (Qld)</i> on homeless people and • whether mental health initiatives undertaken by the Queensland Police Service since the introduction of the <i>Mental Health Act 2000 (Qld)</i> have helped to improve police behaviour towards the mentally ill homeless population of Brisbane.
Key findings	<ul style="list-style-type: none"> • Police officers were aware of the high level of mental illness affecting Brisbane's homeless population. • The Queensland Police Service's <i>Operational Procedures Manual</i> has a section on dealing with mentally ill persons. • Some police officers have received training regarding dealing with mentally ill persons. • The training received would only help police officers to deal more appropriately with a mentally ill homeless person if the symptoms displayed were quite obvious and the person was acting in a way that could cause harm to themselves or others. • The training received fell short of resulting in any meaningful benefit for homeless individuals.
Key words (stage in system and themes)	Homeless – mental illness – police understanding of mental illness - police training regarding mental illness
Key recommendations	Considers that to burden police with the responsibility of diagnosing mental illness with limited training and resources available to them is absurd and reflects an inadequate attempt to address a pressing social problem. Concludes ' <i>solving the problem of homelessness will entail addressing the causes of poverty in the midst of affluence – for the mentally ill as much as for anyone else</i> '.
Recs implemented (if known) – explain	-

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Title	<i>Homelessness, Mental Health and the Law</i>
Author/s	Monica Taylor
Commissioned by?	-
Date published	Paper presented at <i>Lock 'Them' Up? Disability and Mental Health Aren't Crimes Conference</i> , Brisbane 17-19 May 2006
Electronic link to study	-
Project overview	To highlight the links between homelessness, mental health and criminal behaviour in Queensland.
Key findings	<ul style="list-style-type: none"> • 21% of clients who sought assistance from QPILCH Homeless Persons' Legal Clinic sought advice regarding criminal matters. • Of that 21%, the majority had been charged with one or more of the following offences: begging in a public place, being drunk in a public place, public nuisance, possession of a dangerous drug, or contravening a lawful police direction.
Key words (stage in system and themes)	THEMES: Homelessness – mental illness – mental illness as a cause or consequence of homelessness -
Key recommendations	<p>Makes recommendations considered to be vital to any long term strategy to reduce the number of homeless people with mental health problems being caught up in the cycle of offending, including:</p> <ul style="list-style-type: none"> • early intervention programs • comprehensive police training • need for holistic and tightly integrated service delivery and • greater funding for NGOs. <p>Recommends that diversion should take place at the point of the initial contact with the police, rather than once a person has entered the criminal justice system after being charged with a summary offence.</p>
Recs implemented (if known) – explain	-

Title	<i>Promoting balance in the forensic mental health system</i>
Author/s	Brendan Butler
Commissioned by?	Queensland Health
Date published	December 2006
Electronic link to study	PDF copy provided
Project overview	To examine the efficacy of arrangements that take account of the interests of victims of offences, where the offender is found to be of unsound mind or unfit for trial due to mental illness or intellectual disability, and the families of such victims, and to examine whether provisions in the <i>Mental Health Act 2000</i> (Qld) need to be amended to further enable victims and their families to be involved in the decision making process.
Key findings	Major recommendations relate to improved recognition of victims' rights to: <ul style="list-style-type: none"> • support • access information and • be heard.
Key words (stage in system and themes)	victims – forensic patients – balancing competing interests
Key recommendations	Recommendations relate to balancing competing interests between forensic patients, who are entitled to be treated with respect and humanity, and victims of offences committed by forensic patients, who are entitled to compassion and respect for their dignity, so as to improve: <ul style="list-style-type: none"> • victims' access to information • victims' ability to be heard • support for victims. <p>Recommendations also relate to reducing delays in matters before the Mental Health Court.</p> <p>Further, recommendations address managing risks regarding forensic patients, including serious violent offenders.</p>
Recs implemented (if known) – explain	To date 76 recommendations implemented in full, 29 recommendations partially implemented and anticipated to be completed by 30 June 2008, and one recommendation (5.1 regarding the review of provisions of the <i>Mental Health Act</i> affecting persons with an intellectual disability) to be implemented in the longer term.

Title	<i>Court diversion options for people with a mental illness, intellectual disability or cognitive impairment in the criminal justice system</i>
Author/s	Jo Linde
Commissioned by?	Paper for the CEO Committee for Fairer and Safer Queensland.
Date published	September 2007
Electronic link to study	pdf copy provided
Project overview	To look at the reasons adults with a mental illness, intellectual disability or cognitive impairment come into contact with the criminal justice system, what is being done in Australia and in other jurisdictions to prevent or reduce this contact and describes a range of models for court based programs.
Key findings	<ul style="list-style-type: none"> • Discusses overrepresentation of people with mental impairments in the criminal justice system and possible responses. • Discusses key features of problem solving approaches in court.
Key words (stage in system and themes)	mental illness - intellectual disability - cognitive impairment - criminal justice system – models for court based programs
Key recommendations	<p>Rather than making recommendations, the paper's purpose is to encourage and facilitate discussion with a view to identifying:</p> <ul style="list-style-type: none"> • those defendants with a mental illness, intellectual disability or cognitive impairment whose needs and offending behaviours could be addressed through health and other interventions at the point of contact with the court • a magistrates court diversion program model which would meet the needs of the target group and have the support of the community, the court and relevant government and non-government agencies.
Recs implemented (if known) – explain	-

Title	<i>The Queensland Special Circumstances Court</i>
Author/s	Tamara Walsh
Commissioned by?	Sisters Inside
Date published	2007 – 16 Journal of Judicial Administration 223-234
Electronic link to study	pdf copy provided
Project overview	A report on the results of a nine week court observation study of the Special Circumstances List at Brisbane Magistrates Court.
Key findings	<ul style="list-style-type: none"> • 52 cases involving 44 individual defendants were dealt with under the Special Circumstances list during the study period. • A range of offences were dealt with. The most frequent charge was possession of a dangerous drug, followed by minor property offence, public nuisance, obstruct/assault police and failure to appear. • In 21 cases, court supervision was ordered (i.e. the defendant was ordered to return to court on at least one more occasion). Other common penalties were referral to a course, assessment, treatment or agency (16 cases) or a bond (also 16 cases).
Key words (stage in system and themes)	public order offences – Magistrates Court - special circumstances list – mental illness – homelessness – intellectual disability
Key recommendations	There is some basis for arguing that the Special Circumstances List should be extended throughout Queensland and warrants a secure funding

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	commitment.
Recs implemented (if known) – explain	-

Title	<i>Disability and the Law – a training resource for the legal profession and judiciary</i> Note - While focussed on persons with disability, this report contains some findings and recommendations that may be considered in the context of justice mental health issues.
Author/s	Queensland Advocacy Incorporated
Commissioned by?	
Date published	undated
Electronic link to study	pdf copy provided
Project overview	To provide a training package for the legal profession and judiciary regarding persons with a disability.
Key findings	Sets out information regarding: <ul style="list-style-type: none"> • communication with persons with a disability • legal capacity and substituted decision making • persons with a disability as offenders, victims and witnesses • relevant discrimination law
Key words (stage in system and themes)	disability – training – legal profession – judiciary
Key recommendations	The paper sets out advice suggestions regarding each of the above topics.
Recs implemented (if known) – explain	N/A

WESTERN AUSTRALIA REPORTS

Title	<i>The Way Forward – Recommendations of the Review of the Mental Health Act 1996</i>
Author/s	Holman, C D J
Commissioned by?	Hon Jim McGinty MLA, Attorney General and Minister for Health
Date published	2003
Electronic link to study	http://www.health.wa.gov.au/mhareview/reports/report/MHA%20Recommendations.pdf
Project overview	The purpose of this review was to consider the operations and effectiveness of the <i>Mental Health Act (1996)</i> (WA Act) and then make recommendations as to desirable alterations to the legislation.
Key findings	To contemporaneously repeal the WA Act of 1996 and replace it with new mental health legislation in order to clarify the previous Act and advance the human rights of persons with mental illness.
Key words (stage in system and themes)	
Key recommendations	Various legislative amendments, including: <ul style="list-style-type: none"> • Responsibilities and functions of the Chief Psychiatrist (CP) should be strengthened in setting standards and quality assurance. • Clarifying voluntary and involuntary patient care • Powers of the Guardianship and Administration Board to appoint guardians for the purposes of the WA Mental Health Act
Recs implemented (if known) – explain	All accepted, excluding: <ul style="list-style-type: none"> • a new subsection should require that before authorizing treatment under this section the treating psychiatrist must be satisfied that (i) the treatment is in the best interest of the person; (ii) the anticipated benefits of treatment outweigh any risk of harm or discomfort to the person; (iii) alternative treatments that would be likely to produce equivalent benefits and with less risk of harm are not reasonably available; and (iv) the treatment represents the least intrusive treatment option reasonably available • new subsection requiring that the treating psychiatrist must also take into account (i) the wishes of the person, as far as they can be ascertained; (ii) the wishes of any guardian appointed by the Guardianship and Administration Board for the purpose of the WA Act; and (iii) unless the patient objects, the wishes of any person who is involved in providing ongoing care or support to the person with mental illness.

Title	<i>The Way Forward – Recommendations of the Review of the Criminal Law (Mentally Impaired Defendants) Act 1996</i>
Author/s	Holman, C D J
Commissioned by?	Hon Jim McGinty, Attorney General and Minister for Health
Date published	2003
Electronic link to study	http://www.health.wa.gov.au/mhareview/reports/report/CLMID%20Recommendations.pdf
Project overview	The purpose of this review was to consider the operations and effectiveness of the <i>Criminal Law (Mentally Impaired Defendants) Act (1996)</i> and then make recommendations as to desirable alterations to the legislation.
Key findings	<ul style="list-style-type: none"> • To contemporaneously repeal the <i>Criminal Law (Mentally Impaired Defendants) Act 1996</i> (CLMID) and replace it with new CLMID legislation in order to clarify the previous Act and advance the human rights of persons with mental illness. • The CLMID Act should continue to be separate from the <i>Mental Health Act 1996</i>
Key words (stage in system and themes)	Mental impairment defence / unfit to stand trial; court; sentencing
Key recommendations	<p>Various legislative amendments, including:</p> <ul style="list-style-type: none"> • Interpretive definitions • Sets of objects and fundamental principles • Broaden the scope of Part 2 to include assessment of all MIDs • Judicial officers should, wherever practicable, receive advice from an authorized mental health practitioner, a medical practitioner, a psychologist or a psychiatrist • Defendants able to re-appear via video conferencing • Interpretations of mental illness and mental impairment in section 8 of the CLMID Act should be amended to become more consistent with cognate legislation • Maximum duration of a custody order or series of custody orders made in respect of a MID who is unfit to stand trial must not exceed a period longer than the maximum term of imprisonment provided by the statutory penalty for the alleged offence • increased options for judicial officers dealing with a defendant who is unfit to stand trial or found not guilty due to unsoundness of mind eg, structured supervision or support order, interim custody order • review relevant offences in Schedule 1 • operation and structure etc of the Mentally Impaired Defendants Review Board
Recs implemented (if known) – explain	

AUSTRALIAN INSTITUTE OF CRIMINOLOGY REPORTS

Title	A population based study examining the impact of interpersonal violence victimisation on mental health : report to the Criminology Research Council
Author/s	Lynn Meuleners, Delia Hendrie and Andy H Lee
Commissioned by?	Criminology Research Council - grant no. 35/05-06
Date published	2007
Electronic link to study	http://www.criminologyresearchcouncil.gov.au/reports/200506-35.html Summary: http://www.aic.gov.au/publications/tandi2/tandi352.html
Project overview	This paper outlines a population-based study in Western Australia investigating mental illness in hospitalised victims due to interpersonal violence.
Key findings	The results showed that: <ul style="list-style-type: none"> • groups at risk of interpersonal violence include young people between 20 and 29 years old and Indigenous females • one in four hospital admissions for interpersonal violence also had a hospital admission for a mental illness during the study period • hospital admission costs vary, with higher mean costs per hospital admission for males and the non-Indigenous population • indigenous people are overrepresented as victims of interpersonal violence, contributing 41% of total hospital costs • since 1998, there has been a small, steady decrease in overall hospitalisation rate, although an increase in that for Indigenous females with a mental illness.
Key words (stage in system and themes)	Stage: Victims of violence Themes: Hospitals, General practice
Key recommendations	<ul style="list-style-type: none"> • Interpersonal violence victimisation prevention programs and the provision of services should be focused on those that are more likely to be involved in these situations, particularly Indigenous females, adolescents and young adults. • The results of this study have shown that psychological harm is associated with interpersonal violence victimisation. However, the results do not indicate the specific psychiatric condition that could manifest as a result of victimisation. • Strengthening general practice care for people with a mental illness would be one way of improving the health outcomes of this population. If an individual's condition could be better managed and a coordinated approach to total health adopted, the risk of being admitted to hospital may be reduced. • In developing a response to violence and its subsequent problems such as psychological harm, different agencies and sectors of the public should be involved in prevention activities and programs should be tailored to suit different cultural settings and population groups. • Evaluation should be an integral part of all programmes so that lessons can be learnt and shared regarding what may and may not work in terms of preventing violence.
Recs implemented (if known) – explain	Not known

Title	The identification of mental disorders in the criminal justice system
Author/s	James RP Ogloff, Michael Davis, George Rivers and Stuart Ross
Commissioned by?	Criminology Research Council
Date published	2006
Electronic link to study	http://www.criminologyresearchcouncil.gov.au/reports/2006-ogloff.pdf
Project overview	An overview of the mechanisms by which persons with mental illnesses are identified across the criminal justice system in Australia
Key findings	<ul style="list-style-type: none"> • the prevalence rates of a wide variety of mental disorders are disproportionately high in the criminal justice system. • a relatively poor job is done adequately identifying the needs of mentally disordered offenders prior to the time they enter the criminal justice system • there has been little testing or validation of the models developed for policing those with mental health issues in the Australian context • there is currently little liaison between the various services in many jurisdictions and substantial difficulty is experienced by services outside of the capital cities • There was considerable heterogeneity in screening practices across Australian police services. Each service acknowledged the increased need for training of officers in this area. • Formalised court liaison programs/services show great promise for identifying individuals before the courts who are mentally ill or who require services. • fiscal analyses are presented regarding the most promising tool for police custody screening and remand/sentenced prisoners.
Key words (stage in system and themes)	STAGE: police; courts; custody THEMES: identification/screening; police; courts; custody; juveniles
Key recommendations	<ul style="list-style-type: none"> • Focus attention on understanding disproportionate prevalence of MH issues in criminal justice system • Refer report to Police Senior Officers' Group, Court and JJ/Corrections Administrators • Develop routine data sharing between CJ agencies on suspected/diagnosed mental illnesses • Train police to assist in determining whether a person has MH issues • MH screening of all accused in police custody, on remand or sentence (eg JSAT) or alternative mechanism • Further develop court liaison programs • MH information to be shared with parole authorities • Research to explore validity of screening tools administered by justice staff • Ongoing dialogue between MH and justice to identify issues and develop solutions
Recs implemented (if known) – explain	The majority of recommendations have been supported by all jurisdictions. Progress on the recommendations is being monitored by the WA representative on the Corrective Services Advisory Group Working Group (CSAGWG)

Title	The post-release experience of prisoners in Queensland
Author/s	Stuart A Kinner
Commissioned by?	Criminology Research Council
Date published	2006
Electronic link to study	http://www.criminologyresearchcouncil.gov.au/reports/200304-27.html
Project overview	<ul style="list-style-type: none"> describe the patterns of drug and alcohol use, mental health status and broader socio-economic status of recently released prisoners; identify the prevalence of suspected risk factors for overdose among recently released prisoners; and identify predictors of re-incarceration within a six-month period (including pre-incarceration patterns of drug use).
Key findings	<ul style="list-style-type: none"> strong evidence of continuity in the substance-related, mental health and psychosocial problems large unmet need for support and assistance for recently released prisoners the few post-release programs that exist are fragmented, often under-funded and usually based on limited evidence
Key words (stage in system and themes)	Stage: pre-release; post-release Themes: drug use; programs; throughcare
Key recommendations	<ul style="list-style-type: none"> post-release programs designed to assist the individual to integrate back into the community Throughcare, linking pre and post-release programs
Recs implemented (if known) – explain	

Title	Mortality and morbidity in prisoners after release from prison in Western Australia 1995-2003
Author/s	Michael Hobbs, Kati Krazlan, Steve Ridout, Qun Mai, Matthew Knuiman and Ralph Chapman
Commissioned by?	Criminology Research Council
Date published	2006
Electronic link to study	http://www.aic.gov.au/publications/rpp/71/
Project overview	The study used information from the Western Australian Data Linkage System to track the use of health and mental health services by a cohort of prisoners released in that state between 1995 and 2001 before and after imprisonment. Analysis of these data sought to determine the risk of death, injury or mental disorder compared with the general population.
Key findings	<ul style="list-style-type: none"> Released prisoners had substantially higher hospital admission rates or contacts with the mental health system than the general population. They also have high levels of hospitalisation and contacts with the mental health system before imprisonment suggesting that their health problems are long-standing and related to long term social disadvantage. Prisoners in general have increased risks of mental disorders (including acute and chronic problems related to alcohol and drug addiction).
Key words (stage in system and themes)	Stage: post-release

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system and themes)	Themes: hospitals
Key recommendations	Careful release planning to ensure that released prisoners have easy access to appropriate health services and are encouraged to use them.
Recs implemented (if known) – explain	

Title	Specialty courts : current issues and future prospects
Author/s	Jason Payne
Commissioned by?	Australian Institute of Criminology
Date published	2006
Electronic link to study	http://www.aic.gov.au/publications/tandi2/tandi317t.html
Project overview	This paper examines the history and development of the specialty court concept in Australia, including a court targeting offenders with a mental impairment.
Key findings	The only mental impairment court in Australia was established in 1999 in South Australia. It is distinct from other mental health jurisdictional courts which operate as quasi-tribunals to determine the legal application of mental impairment for the purposes of prosecution and sentencing. Instead, the South Australian court was established to monitor and sentence offenders identified as having a mental impairment. The South Australian Mental Impairment Court was formally evaluated in 2004. The findings indicated significant reductions in offending among participants across all offence types.
Key words (stage in system and themes)	Stage: courts Themes:
Key recommendations	Considerably more value would be added from embedded evaluations to improve outcomes as part of a process of continuous improvement.
Recs implemented (if known) – explain	

Title	Risk assessment by mental health professionals and the prevention of future violent behaviour
Author/s	Bernadette McSherry
Commissioned by?	Australian Institute of Criminology
Date published	2005
Electronic link to study	http://www.aic.gov.au/publications/tandi2/tandi281.html
Project overview	This paper looks at risk assessment for reoffending from a mental health perspective. It discusses risk predictors for future violence; the use of risk assessment in sentencing and preventive detention decisions; and the current legal and ethical background to risk assessment, including the question of breaching patient confidentiality in the public interest.
Key findings	In the criminal law field, mental health professionals may be asked to write reports in relation to the risk of an accused person reoffending, for the purposes of bail applications, sentencing and preventive detention, the disposition of offenders with mental disorders, and parole. On the subject of patient's confidential communication, the report states: if a client has admitted to past criminal conduct, then a mental health professional may still be compelled by the courts to disclose this

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	information. If the information deals with possible <i>future</i> harm, it would seem that public interest immunity could very well apply and mental health professionals should not grant access to such files.
Key words (stage in system and themes)	Stage: risk assessment / management Themes: Mental health professionals, preventive detention
Key recommendations	Mental health professionals need to take into account the current literature on risk predictor variables such as past violence, pre-existing vulnerabilities, social and interpersonal factors, mental illness, substance abuse, state of mind, situational triggers and, more controversially, personality constructs.
Recs implemented (if known) – explain	

Title	Alcohol, drugs and crime : a study of juveniles in detention
Author/s	Jeremy Prichard and Jason Payne
Commissioned by?	Australian Institute of Criminology
Date published	2005
Electronic link to study	http://www.aic.gov.au/publications/rpp/67/index.html
Project overview	This third and final installment in the DUCO project, examines the offending and drug use histories of 371 young offenders incarcerated in juvenile detention centres across Australia. The study identifies various risk factors for drug use and offending and highlights the need for a targeted approach to combat abuse, neglect and family drug use earlier in a child's life, as well as to have effective programs that address issues including mental illness.
Key findings	The importance of preventing juvenile drug use cannot be overstated considering its links with deviancy and adult substance abuse, as well as serious physical and mental health problems.
Key words (stage in system and themes)	Stage: juvenile offenders Theme: risk factors
Key recommendations	There is more at stake in developing effective prevention strategies for youth due to the special criminogenic risks associated with juveniles' contact with the criminal justice system and juvenile incarceration.
Recs implemented (if known) – explain	

Title	Interventions for prisoners returning to the community
Author/s	Maria Borzycki
Commissioned by?	National Crime Prevention program, Attorney-General's Department
Date published	2005
Electronic link to study	http://www.aic.gov.au/publications/reports/2005-03-prisoners.html
Project overview	An assessment of the current state of interventions for prisoners returning to the community.
Key findings	The apparently larger proportion of ex-prisoner detainees who had spent time in a psychiatric unit (when compared to those not recently incarcerated), coupled with drug use trends, suggest that Australian prisoners may ... confront multiple challenges related to mental wellbeing.
Key words (stage in system and themes)	Stage: post-release

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system and themes)	Themes: Case managed through-care
Key recommendations	<p>A significant challenge in terms of prisoner reintegration is likely to be the development of programs that can simultaneously address alcohol and other drug use, mental wellbeing, and chronic physical ill-health</p> <p>The delivery of services to mentally ill offenders returning to the community requires a therapeutic culture, in which there are shared goals and values across all the staff that offenders encounter.</p> <p>Certain additional processes must be undertaken to help deliver effective services in the case management of mentally ill offenders within the justice system. For instance, longer-term management should employ individualised case managers and treatment plans, and may involve pharmacotherapy. Transition and community-based sentence components should mandate community-based mental health care as a condition of parole, and so will require additional specialist parole resources to ensure suitable care. This will also necessitate close liaison with welfare agencies. Alternative sanctions are also necessary, because parole violations among this population can arise directly from mental illness, such as delusions or cognitive impairment</p> <p>Expert input, possibly in the form of a specialist capacity within community corrections, is also required for offenders with intellectual disabilities</p>
Recs implemented (if known) – explain	

Title	Recidivism of sexual offenders: rates, risk factors and treatment efficacy
Author/s	Denise Lievore
Commissioned by?	Office of the Status of Women
Date published	May 2004
Electronic link to study	http://www.aic.gov.au/publications/reports/2003-06-recidivism.html
Project overview	<p>reviews the international literature on recidivism rates and the risk factors that predict sexual, violent and general reoffending</p> <p>identifies a number of specific predictors of sexual reoffending</p> <p>analyses Victorian police data on persons apprehended for sexual assault of adults in 2001</p> <p>provides an overview of sex offender treatment programs offered through corrective services in Australian jurisdictions</p> <p>the literature that assesses the efficacy of sex offender treatment programs</p>
Key findings	<ul style="list-style-type: none"> Psychological maladjustment, rather than major psychiatric illness is a specific risk factor for sexual recidivism
Key words (stage in system and themes)	<p>Stage: post-release; corrections</p> <p>Themes: sexual assault; recidivism</p>
Key recommendations	<p>Policy, criminal justice and therapeutic strategies to prevent and reduce sexual offending should take into consideration the social contexts and practices that legitimate sexual violence, even in “appropriate” sexual relationships. This requires a thorough critique of cultural constructions of gender, particularly of practices that promote dominance and aggression as ways of meeting personal needs or solving interpersonal differences</p>
Recs implemented (if known) – explain	

Title	Ex-prisoners, SAAP, housing and homelessness in Australia: final report to the National SAAP Coordination and Development Committee
Author/s	Matthew Willis
Commissioned by?	National SAAP Coordination and Development Committee
Date published	May 2004
Electronic link to study	http://www.aic.gov.au/publications/reports/2004-05-SAAP.html
Project overview	<ul style="list-style-type: none"> • examines correlates and hypothesises pathways into homelessness identified in previous research and literature • recaps existing research into prisoners post-release and their housing situation • explores the relationship between the types of social disadvantage among ex-prisoners • reviews the types of policies surrounding ex-prisoners and accommodation and in particular how Australian jurisdictions are responding to the issue of post-release homelessness
Key findings	Disadvantages such as mental illness, substance misuse, poor physical health, Aboriginality, unemployment, poverty and family breakdown have been shown to contribute to homelessness and are exacerbated for ex-prisoners
Key words (stage in system and themes)	Stage: post-release Themes: homelessness; drug use; ex-prisoner support programs
Key recommendations	<ul style="list-style-type: none"> • The SAAP National Coordination and Development Committee (SAAP CAD) investigate ways to develop stronger partnerships with state and territory correctional services • The SAAP National Coordination and Development Committee (SAAP CAD) investigate ways to develop stronger partnerships with state and territory correctional services • The SAAP CAD develop understanding and knowledge by funding research to address key knowledge gaps • In the course of policy and program developments, that consideration be given by all parties to the application of SAAP funding to facilitate the establishment or further development of agencies targeting ex-prisoners and their families, including through the application of peer support models; and how SAAP input could be used to counter decreasing exit points, perhaps through greater development of community housing options. • Investigations be made into the possibility of establishing management standards or a code of conduct for boarding-house type accommodation to reduce the impact of drug and alcohol use and other offending behaviour on recently released ex-prisoners residing in these premises. • Investigations be made into the possibility of establishing regulations or code of conduct standards for 'tenancy information services' which can have highly detrimental impacts on an ex-prisoner's ability to secure private rental accommodation. • In the course of policy and program development, that consideration be given by all parties to the feasibility of applying SAAP funding to the development of more transitional housing for recently released ex-prisoners, in the form of half-way houses, shared crisis and short-term housing or hostels and more

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	<p>independent and shared medium-term housing options.</p> <ul style="list-style-type: none"> • Wherever possible and appropriate consultative input be sought from ex-prisoners and their representatives to inform SAAP decision making
Recs implemented (if known) – explain	

Title	The female criminal: an overview of women's drug use and offending behaviour
Author/s	Katie Willis and Catherine Rushforth
Commissioned by?	Australian Institute of Criminology
Date published	2003
Electronic link to study	http://www.aic.gov.au/publications/tandi2/tandi264.html
Project overview	This paper discusses women's (and men's) drug use and criminal behaviours and identifies a number of common key risk factors, including mental illness.
Key findings	<ul style="list-style-type: none"> • Mental illness is an important, often co-related, risk factor for women's drug use and criminality and appears to be a far more complex problem among women than men. • Women are twice as likely as men to report extreme levels of psychiatric distress and at higher levels than men for depression, anxiety states, and somatisation disorders. • In a 2002 study at Brisbane Women's Correctional Centre 57 percent of women prisoners were diagnosed with a specific mental illness, the most common being depression (39 percent of the sample).
Key words (stage in system and themes)	Stage: prisoners, offenders Themes: drug use, risk factors
Key recommendations	More in-depth research, particularly at the national level, on the links between women's drug use and criminal activities.
Recs implemented (if known) – explain	

Title	Drugs and crime : a study of incarcerated female offenders
Author/s	Holly Johnson
Commissioned by?	Australian Institute of Criminology
Date published	2003
Electronic link to study	http://www.aic.gov.au/publications/rpp/63/index.html
Project overview	The objective of the Drug Use Careers of Offenders (DUCO) female study is to contribute to the empirical evidence about the interaction between drug use and criminal offending among incarcerated women.
Key findings	Results show that, among other risk factors, mental health problems were correlated with drug dependency, violent offending and involvement in the sex trade.
Key words (stage in system and themes)	Stage: prisoners Theme: risk factors

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Key recommendations	Interventions based on empirical evidence of patterns in women's offending and drug use histories could help divert novice drug users from becoming dependent, help avoid harms associated with drug dependency, and could help contribute to reducing criminal offending among high-risk women.
Recs implemented (if known) – explain	

Title	The Profile of young offenders: national comparison
Author/s	Jo Sallybanks, Australian Institute of Criminology
Commissioned by?	ACT Chief Minister's Department
Date published	2003
Electronic link to study	http://www.aic.gov.au/publications/reports/2003-act_youth.pdf
Project overview	Case studies about young people aged 12 to 25 years who are at risk or have entered the justice system.
Key findings	In general, young people can be at risk if their behaviour or life circumstances seriously jeopardise their well being, resulting in them becoming disengaged and alienated from their families, school and the community. Young people are at risk if, among other things, they have life risk factors such as mental illness.
Key words (stage in system and themes)	Stage: Risk factors Themes: young offenders
Key recommendations	These young people would benefit from ongoing and individualised support to overcome their risk and improve their wellbeing. Connecting them with appropriate support services is a priority. They need to be encouraged to participate in education and training programs that improve their skills and employment prospects.
Recs implemented (if known) – explain	