

KEY MESSAGES

SPRINT: Primary health care services better meeting the health needs of Aboriginal Australians transitioning from prison to the community

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Dr Jane Lloyd, Prof Eileen Baldry, Ms Elizabeth McEntyre, Dr Devon Indig, Prof Mark Harris, Ms Dea Thiele, Ms Kathy Malera Bandjalan, Ms Sheilah Hure, Ms Leanne Schuster, Ms Louise Moore, Ms Joyce Davison, Dr Penny Abbott, Prof Jenny Reath, Prof Juanita Sherwood

Policy context

Aboriginal people are overrepresented in prison, with high rates of recidivism. Aboriginal people are also more likely than non-Aboriginal Australians to: serve shorter sentences; be placed on remand as opposed to being released on bail; and to cycle in and out of prison from a young age. During transition from custody to the community, Aboriginal former inmates experience high vulnerability, trauma and emotional distress, have high medical and mental health needs, high risk of illness and injury, and increased risk of relapse to substance misuse and risky behaviours post release. Reconnecting with family, community and culture are key needs for Aboriginal people post release.

Appropriate post release support has the potential to disrupt the cycle of disadvantage experienced by Aboriginal people in contact with the criminal justice system. However high rates of recidivism and poor health outcomes among Aboriginal former inmates suggest that post release services are not meeting their needs, and that Aboriginal people re-entering the community from prison face many barriers in accessing the services required to successfully reintegrate into the community. The difficulties in accessing post release services may be part of a lifetime of institutional recycling experienced by many Aboriginal Australians. This institutional recycling may be fuelled by exclusion from continuity of care in schools, prisons, health services or other mainstream institutions.

The aim of the SPRINT project was to develop culturally specific understandings of how primary health care services can better meet the health care and social support coordination needs of Aboriginal Australians transitioning from the criminal justice system into the community, with a view to reducing reincarceration and improving quality of life. This report describes the factors influencing Aboriginal Australians' access to primary health care on release from custody and suggests ways to increase access to effective primary health care for Aboriginal people in contact with the criminal justice system.

Policy options

Throughcare is the main policy approach to post release care in Australia. It is intended to provide continuous management of prisoners' needs from reception to release in order to support their successful reintegration into the community. However, we found that there was inadequate continuity of comprehensive health care in the context of Aboriginal inmates' complex needs and significant emotional distress and anxiety. While the health and social support needs of Aboriginal inmates released from custody are high, post release support is not universally or immediately available to all former inmates. In terms of health, Aboriginal people are not accessing timely and appropriate primary health care in the community and often delay seeking treatment until hospitalisation is required. Therefore more needs to be done to support Aboriginal people released from custody to access primary health care immediately and over a longer period post release.

To ensure continuity of appropriate health care for Aboriginal people in custody and post release, policy makers need to:

- > **Conduct further evaluation/research to examine the barriers to throughcare for Aboriginal prisoners and former inmates**

1. Evaluate the effectiveness of existing throughcare programs for Aboriginal people in custody and post release.
 2. Introduce governance to ensure that throughcare programs meet essential criteria including but not limited to the availability, appropriateness and effectiveness of throughcare programs for Aboriginal people.
- > **Develop relevant infrastructure to support the realisation of effective throughcare programs for Aboriginal people in custody and post release**
3. Establish duty bearers responsible for coordinating services to support the transition to community for Aboriginal people by expanding the duty of care of corrective services to include those released to freedom – as opposed to just those on parole – or by supporting community agencies to run a transition program for Aboriginal Australians.
 4. Develop policies and procedures to support linkages between in-custody and community programs for Aboriginal people, including:
 - a. commencing discharge planning as soon as a person enters custody, regardless of whether they are sentenced or on remand and involving primary health care providers and family members in the process
 - b. expanding the role of primary health care to provide in-reach services into prisons, to contribute to release planning and to provide pre and post release support for Aboriginal inmates. Aboriginal Community Controlled Health Services are particularly well placed to provide wide ranging services for Aboriginal people in custody and after release
 - c. investing in the workforce - particularly case managers and mental health workers - and training and employing more Aboriginal case managers, Aboriginal health practitioners and those specialising in mental health.
 5. Amend the Commonwealth Health Insurance Act 1973 to allow for the provision of services under Medicare for all prisoners and especially those on remand.
 Three Medicare items would be particularly helpful for throughcare including: giving general practitioners the ability to charge Medicare for discharge planning; using items for case conferencing in the community to formulate a health care plan for former inmates released from custody; and expanding the Adult Health Check to allow inmates to access this item number.
- > **Establish culturally appropriate programs in custody and post release**
6. Develop strategies to increase access to culturally appropriate diversion programs for Aboriginal prisoners such as increasing the involvement of Aboriginal facilitators, Elders, family and community in the development and delivery of programs, and incorporating an Aboriginal world view into programs.

Key findings

During transition from custody to the community, Aboriginal former inmates experience high vulnerability, trauma and emotional distress, have high medical and mental health needs, high risk of illness and injury, and increased risk of relapse to substance misuse and risky behaviours post release. They also have a strong need to reconnect with family, community and culture.

While access to post release care for Aboriginal Australians is especially important, so too is what happens in the five years post release and the extent to which institutions such as hospitals and mainstream primary health care services meet the specific needs of Aboriginal Australians. In the five years post release from custody we found that Aboriginal former inmates are more likely to suffer from more than one class of disease, for example mental illness and infectious disease, and

therefore have more complex health issues to manage post release, and have a shorter interval between the first and second admission to hospital.

Transitional support during the post release stage of throughcare is critically important to Aboriginal people's adjustment to community life and therefore requires specific attention. The report found that the following factors are key to supporting Aboriginal former inmates during transition from custody to community. Transitional support must be: coordinated and intensive; immediate; of longer duration; comprehensive and multi-faceted; systematically available to all; and culturally informed and appropriate, involving family, Aboriginal elders and community members.

However, essential components of throughcare are commonly absent from in custody, pre and post release programs for Aboriginal people. Structural barriers to Aboriginal prisoners accessing appropriate health care from reception to post release include:

- > **Patterns of incarceration and release conditions** – such as high rates of remand and short sentences, which impede Aboriginal inmates' access to programs.
- > **Poor linkages, communication and planning between prisons and community health services.** A lack of intersectoral collaboration means that upon release Aboriginal Australians are left wanting for care that is respectful, planned, coordinated and realistic.
- > **Lack of responsibility/ no clear duty bearers** – there is no single agency responsible for supporting transition from prison to the community.
- > **Funding constraints brought about by the suspension of Medicare.** The suspension of access to Medicare for all prisoners acts as a barrier for community health service providers to provide in-reach services to Aboriginal inmates and prevents outreach services.
- > **No mandate or requirement for health services in custody or for mainstream post release services to be culturally appropriate.** The paucity of culturally appropriate and targeted health services for Aboriginal people in custody was seen as a barrier to accessing in-custody health services.
- > **Workforce limitations, in particular inadequate numbers of qualified Aboriginal mental health practitioners.** There are inadequate numbers of Aboriginal mental health staff to ensure holistic and quality mental health care in custody and to ensure continuity of mental health care from custody to the community.
- > **Accountability requirements necessary to encourage evaluations/research on release programs for Aboriginal former inmates.** There is little research evaluating the impact of programs providing access to primary health care for Aboriginal people released from custody. Even less research was available on the programs that specifically target Aboriginal people and the key roles of corrective services, health services and non-government organisations in meeting their needs.

The lack of throughcare and transitional support leave Aboriginal former inmates and family members unsupported, prevents access to timely and appropriate primary health care and increases the former inmate's risk of reincarceration. All of this contributes to the higher risk of injury and illness experienced by Aboriginal former inmates post release, and to the institutionalisation of Aboriginal people within and outside the criminal justice system.

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