75th POLICE MANAGEMENT DEVELOPMENT PROGRAM

CORPORATE IMPROVEMENT STRATEGY

THE RECEPTION AND MANAGEMENT OF MENTALLY ILL INMATES

"MAD OR BAD"

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NSW Department of Corrective Services
EXECUTIVE SUMMARY

Background
Sixty percent of inmates received into custody suffer mental illness. Twelve percent suffer mental illness diagnosed as Axis one, that is, severe mental illness such as schizophrenia, manic depression or major depression. Information provided to the courts is often insufficient for a diversion from custody to occur when appropriate, leading to high remand numbers. With no satisfactory diversion process in place, more mentally ill inmates are placed into the general prison population, resulting in higher numbers of self harm incidents, assaults and suicides in custody. These practices generate the perception of a system out of control and cause the loss of public confidence.

Opportunity
A domestic and global environmental scan identified similar problems that are being met through assessment, diagnosis, diversion from custody and mental health training of correctional staff. Partnerships are established between the criminal justice system, health care providers and corrections to manage mentally ill offenders in the most appropriate environment be that in custody or community-based care.

Solution
The establishment of a Mental Health Assessment Unit at the dominant reception point of inmates in NSW will facilitate assessment, diagnosis and the management of mentally ill offenders. A partnership between stakeholders will allow those who can, in the public interest, be best managed in community based care. Others remaining in custody can be channelled into programs appropriate to their condition.

Although this proposal requires considerable resources, cost benefits will be realised through a reduction in inmate numbers, the obsoleting of less cost effective beds and the reduction in critical incidents. Ensuring the organisation's corporate mission of the safe, secure and humane treatment of inmates, public confidence will be restored in NSW Corrective Services in this key performance
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1.0 Background

1.1 Key Issues and Problems

Following criticism from the Nagle Royal Commission into NSW Prisons and the escape of two dangerous inmates from the state's secure psychiatric hospital some twenty years ago, the provision for the Minister for Health to schedule a person in NSW Corrective Services custody to a psychiatric hospital for treatment was phased out. What followed is a process where a person, charged with a criminal offence may still be scheduled as a forensic patient, but that person must remain in a correctional facility. The term forensic patient is a person, whose reason for detainment is his or her mental state, such as when the courts have found them to be unfit to a plea, not guilty by reason of insanity or scheduled under Section 97 of the Mental Health Act. A ninety (90) bed psychiatric ward was constructed within the Long Bay Correctional Complex to accommodate such inmates and provide an appropriate treatment program by the Corrections Health Service (CHS). If forensic prisoners' conditions are stabilised, they may be placed back into the normal prison population. Currently eighty (80) percent of forensic patients in NSW Corrective Services' custody remain at the Long Bay Hospital.

Since the implementation of The Richmond Report recommendations, there has been a decline in the number of community based mental health beds. Coinciding with this, has been large increases in the number of persons received into custody with mental health problems.
If you decrease the number of mental health system beds, there will be an equivalent rise in prison system beds, as those with mental health problems will be channelled into the prisons.


The American Association of Community Psychiatrists (1999) argue that the lack of appropriate treatment in the community leads untreated people to become incarcerated as a direct result of symptomatic behaviour of mental illness resulting in seven (7) to twenty (20) percent of the prison population in the USA suffering serious mental illness.

Seventy (70) percent of the available beds at the Long Bay psychiatric ward are occupied by long term forensic patients and the remaining beds by the mentally ill who are suffering a severe psychosis. Sixty (60) percent of the sixteen (16) thousand new custody inmates received each year, suffer mental health problems and twelve (12) percent are diagnosed Axis One, that is they suffer serious mental illness including schizophrenia, manic depression and severe depression. Thirty-three (33) percent had failed to comply with their medication regime at the time of their offence. Persons with mental illnesses regularly suffer situational crisis when placed into custody which makes them vulnerable to suicide during that period. Clearly the number of correctional centre inmates suffering mental illness has reached chronic proportions.

The Metropolitan Remand and Reception Centre (MRRC), which receives sixty (60) percent of all new inmate receptions, experiences on average, six thousand (6000) inmate movements per month including new receptions, discharges, transfers and court appearances. With such a high turnover, current assessment focus is on induction screening and the care of at risk inmates, making
appropriate follow up care of inmates with mental health problems far from ideal. The sheer volume of movement into the induction screening area which has a capacity for one hundred (100) inmates, dictates that it turns over its inmate state every three days, this causes the placement of all but the most severe cases of inmates with mental health issues or situational crisis into the general population of the centre.

1.2 Impact on Organisational Performance.

Containing persons with serious mental health problems or experiencing situational crisis, in the general population of correctional centres such as the MRRC present serious issues in relation their management, addressing offending behaviour, their safety and the safety of others. Mixing them with the normal inmate population results in inmates assaulting them, inmates being assaulted by them, assaults on staff, non compliance with centre routine, uses of force by staff not trained to deal with their behaviour, self harm and suicide.

The safe custody of inmates is a fundamental duty of care for any correctional system. To place inmates with mental illnesses in a correctional centre setting puts them and others in that setting at risk. The Human Rights and Equal Opportunities Commission (1993) suggest that those suffering mental illnesses often perform acts of self harm or self mutilation, the symptoms of which are alarming and as dangerous as any psychosis and also states that it is often others who are at risk as such persons often threaten or actually violently attack others. The correctional centre environment can exacerbate these symptoms resulting in high levels of self harm, assaults on inmates and assaults on staff.
The interaction of mentally ill people with other inmates also results in assaults on the sufferer. Correctional centre inmates are often intolerant of their symptoms or will prey on the obviously weak. Not understanding the implications of their actions the mentally ill are regularly manipulated to behave to benefit others or become the victim of assaults from violent inmates or abused by sexual predators.

Their vulnerability from other inmates, their inability to comply with centre routine or acceptable behaviour results in periods of protective custody, segregation and isolation. Such placement is often harsh and not conducive to mental health treatment programs. The American Association of Community Psychiatrists (1993) argue that the mentally ill are frequently housed in protective or punitive segregation where the lack of activity and isolation leads to further deterioration of their mental state which may predictably result in suicide. The Centre on Crime, Communities and Culture (1996) suggest that the majority of suicides in corrections occur in the mentally ill population which demonstrates the need for effective and comprehensive intervention and treatment programs. The situation in the US is replicated in NSW which is a contributor to the current rate of deaths in custody.

The absence of comprehensive assessment and appropriate treatment programs for inmates suffering mental illness cannot address offending behaviour which ultimately results in recidivism. Steadman (n.d.) argues that the diversions of mentally ill inmates into treatment programs result in more effective long term prognoses for individual offenders and therefor reduces the likelihood of reoffending. As mental illness is the fundamental cause of offending behaviour, if it is not appropriately treated it is highly likely further offences will be committed following the inmates release and hence his return to custody, further contributing to high inmate populations with mental health problems.

The Human Rights and Equal Opportunity Commission (1993) report that people are imprisoned as a direct result of their mental illness being untreated and once
in custody have difficulty getting released to bail due to, poverty, having no fixed address or network of support, or because they do not comprehend bail conditions and fail to comply with the bureaucratic requirements. This situation is compounded by Corrective Services and Corrections Health Service (CHS) inability to provide timely information in relation to the mental condition of these people to the courts. An average of six hundred (600) psychiatric reports are provided after being requested by courts each year. This is less than the number of new custody inmates received at the MRRC in a three-week period. This ultimately results in longer remand periods for persons who may otherwise have been released to community care. The consequence for corrections is a higher population of inmates on remand.

The United Nations Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care stipulates through Principle 20 that persons imprisoned whether sentenced or not should receive the best available mental health care and be protected from sexual, physical or other abuse and degrading treatment. With the given turnover and level of inmate movement at the MRRC mental health care is inadequate and fails to meet the United Nations principles.

Failing to meet the its duty of care to mentally ill inmates, high remand numbers, insufficient feedback to the criminal justice system, high incidence of assault, self harm and suicide generates the perception of a system out of control and the loss of public confidence in government relating to this key performance area.

2.0 Environmental Scan

Some difficulty has been encountered obtaining accurate data from different
jurisdictions domestically, as there is no requirement to maintain records of numbers of inmates with mental illnesses in correctional centres. Current procedures at all Australian correctional organisations do not include mental health assessment tools to be applied to all inmates on reception therefore reliable information in relation to numbers in each state or territory are not available. The Steering Committee for the Review of Commonwealth/State Service Provision (2000) specifies no performance indicators in relation to mentally ill inmates or self harm levels. It does specify death rates as a performance indicator but fails to identify the causes other than natural or unnatural. While NSW had the highest death rate no inferences can be drawn in relation to suicide rates of the mentally ill. Furthermore, deaths are such a rare event they are a poor measure of outcomes and should not be relied upon in this regard.

2.1 Australia

A comparison with other Australian states firstly reveals that all have the ability to transfer a forensic patient to a community based psychiatric hospital. This leaves NSW as the only state that must manage its forensic patients within the correctional system until their release by the Minister of Health on the recommendation of the Mental Health Review Tribunal. It is worthwhile noting here, that the Mental Health Review Tribunal has recommended the discharge of certain forensic patients to psychiatric hospitals with identified forensic patient beds in NSW, but those discharges have been delayed due to the beds being occupied.

Another unique feature of NSW compared to other Australian states is that health services are provided by the Health Department (through the CHS) not Corrective
Services. All other states provide health services through their respective corrections authority which falls short of United Nations standards. Such standards were introduced following the alleged abuse of medical services to unlawfully detain political prisoners as psychiatric cases in Eastern Block countries. Although there is no evidence of any such abuse in Australia, health professionals would argue that a conflict of interests could eventuate in relation to the control of behaviour through medication.

The Australian Institute of Criminology (1999) advise that most jurisdictions including Western Australia, NSW, and the ACT provide comprehensive screening procedures to identify inmates who are at risk of self harm or suicide, although not specifically aimed at mental health assessment the process may identify those with mental illness for referral to specialists when available. Multi disciplinary teams of psychologists, social workers, occupational therapists, mental health nurses, custodial staff and prisoner support officers exist in one form or another in all Australian jurisdictions. Such teams employ risk assessment and management procedures through crisis management techniques for those inmates considered at risk of self harm. Whilst this is a reactive approach it does assist in minimising self harm or suicide of the mentally ill and address some short term management strategies.

The Victorian Institute of Forensic Mental Health operate an institution known as Forensicare which is a high security hospital that provides inpatient services for prisoners suffering serious mental illness, forensic patients, offenders referred by courts for assessment and/or treatment and selected high risk offenders referred by releasing authorities. Forensicare has established partnerships with the courts, Area Mental Health Services, the Police, Corrective Services and Justice agencies. Whilst it is a community-based hospital, Forensicare's core business is the assessment and treatment of mentally ill offenders and prisoners. Its partnership with the criminal justice system has the potential to significantly reduce the number of patients who reoffend after discharge.

2.2 United States of America

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In the United States it is widely reported that the numbers of mentally ill people in custody are alarmingly high. The National Institute of Justice (1995) suggests that of the ten (10) million people arrested each year thirteen (13) percent suffer severe mental illness. The Centre on Crime, Communities and Culture (1996) argue that many county jails' mentally ill populations are larger than those of the psychiatric hospitals in those jurisdictions and that corrections administrators cite mental health services are the most serious institutional service needs. Criminal Justice (n.d.) suggest that the total imprisonment population of mentally ill people in the USA outnumber the total state mental hospital populations by five to one.

While the USA has similar issues to NSW in relation to large numbers of mentally ill inmates, their strategy of warehousing prisoners with little regard to rehabilitation or treatment programs, indicates to few strategies to address the problems of mentally ill inmates. However in Pennsylvania Correctional Officers from Northampton County Jail participate in education courses to help them understand mental illnesses preventing confrontations that lead to injuries of both the person with mental illness and responding staff. The course is also delivered to District Justices, Police and other criminal justice professionals. Such education equips correctional staff with the ability to understand the behaviour of mentally ill inmates and manage them in a more appropriate manner.

2.3 New Zealand

Northland and Auckland Correctional Centres have fifty-nine (59) beds reserved for forensic patients that run at full occupancy levels. However, offenders who are scheduled as seriously mentally ill in New Zealand correctional centres are transferred to a secure mental health service known as the Mason Clinic. This facility also receives mentally ill offenders directly from the courts and houses those unfit to plea or found not guilty by reason of insanity. The Mason clinic has been described as best practice as a link between courts, corrections and health, by NSW CHS Chief Executive Officer Dr R.Mathews.
Diagnosis, treatment and prognosis details are provided to courts by the Mason Clinic which enable informed assessments in relation to public safety issues. The partnership arrangements between the Mason Clinic, the Courts and the Correctional System allow mentally ill prisoners to be diverted from the correctional system to receive appropriate treatment. Whilst undergoing treatment, feedback in relation to the patient's condition is provided to the courts. This in turn allows the courts to divert patients from custody but continue the same level of treatment in the community. If the courts do not divert inmates from prison they are transferred back to the correctional centres once their conditions are stabilized at the Mason Clinic.

2.4 United Kingdom

Similar to most states in Australia the UK system operates its health care separate from the National Health Service (NHS), that is the governor of the prison is responsible for delivering health services through health specialist employees. The Joint Prison Service and National Health Service Executive Working Group (1999) report that medical care in prisons should become the responsibility of the NHS in a formal partnership with the Prisons Service. It was seen that the provision of mental health services would benefit around ten (10) thousand prisoners out of a total population of sixty-five (65) thousand. This would allow for a seamless mental health care service that would be maintained on a prisoner's release which should maximise the potential to correct offending behaviour.

It has been recommended that special attention be given to identify mental health problems at reception to enable referral to special programs or secure psychiatric hospitals and that mechanisms be put in place to operate appropriate care facilities within prisons including mental health outreach services which will facilitate the provision of through care on a prisoner's release. A partnership between the NHS and Prison Service, meeting the ideals of the Working Group report, including a focus on assessment at reception, could deliver high standard mental health care within the secure confines of a prison and ensure
continuity of that service in the community.

2.5 Hong Kong

The Hong Kong Correctional Services Department house some eleven (11) thousand inmates in twenty-four Correctional Institutions, one of which is dedicated to inmates with mental illness. The Siu Lam Psychiatric Centre has a total bed capacity of two hundred and seventy (270). It houses male and female inmates of all categories including sentenced and remands who require psychiatric assessment, observation, treatment or special psychological care. It is a therapeutic environment with correctional centre security, staffed by mental health specialists including correctional officers who have completed psychiatric nurse training.

2.6 Possibilities for Change

The one common theme throughout all jurisdictions is that the mental health of persons received into custody is of great concern not only to correctional authorities but to health organisations, the courts and the community. However, in NSW there is no coordinated effort between these groups to address the issue. Court requirements of having appropriate and timely information in relation to the mental state of defendants are not satisfactorily being met. The Department of Health’s requirement to access inmates in a therapeutic environment to assess, diagnose and treat inmates with mental illnesses are not being provided. Corrective Services are having to accommodate large numbers of mentally ill inmates for longer than necessary remand periods resulting in increased assaults, self harm incidents and suicides. The community’s interest is not being served by, the absence of proper identification of those who should be diverted from the correctional system, causes of offending behaviour not being appropriately treated and the escalating costs of increasing remand populations in prison.

Hong Kong and Pennsylvania have recognised the importance of training all staff
in relation to the management of inmates with mental illness. Educated staff are better able to recognise and appropriately react to abnormal behaviour, resulting in a safer environment for both staff and inmates. Such training programs are not provided to staff in such critical areas as the MRRC which receives and processes the majority of these inmates.

In establishing a facility purposely designed and dedicated to the assessment of mentally ill inmates the Hong Kong Correctional Service has been able to separate those inmates who have difficulty surviving in the general prison population. The facility although essentially a correctional centre, promotes a therapeutic environment where treatment programs may address offending behaviour. Separation from the threats of the general prison population reduces the potential of abuse of the mentally ill and provides a therapeutic environment akin to a psychiatric hospital within the secure perimeter of the correctional centre.

The assessment process for mentally ill inmates is crucial to any process of advising, diverting or treatment. Thorough assessment of those suffering mental illness is an issue that must be addressed before all others if we are to avoid being reactive to where an inmate’s behaviour has bought his/her mental condition to attention. The number of psychiatric assessments requested by the courts is well below the known number of inmates with Axis One level mental illness. Appropriate assessment and diagnosis would facilitate courts being advised of all mentally ill offenders status which could enable diversions from custody in some circumstances and shorter remand periods in others. Identification of those with mental illness and poor coping skills is necessary to separate those vulnerable people from the general prison population.

Partnerships between the criminal justice system, mental health care providers and correctional authorities such as with the Mason Clinic in New Zealand, Forensicare in Victoria and those recommended in the United Kingdom, facilitate seamless service delivery where the mentally ill can be assessed, diagnosed and treated, during periods of custody and following release. These processes allow
for through care, from custody to community-based treatment, of the mentally ill who may be diverted from custody by the courts. Such treatment is essential if the offending cycle of the mentally ill is to be broken.

3.0 Options & Proposals

3.1 Goals and Objectives

Community Needs

The community expects its criminal justice system to keep it safe from offending behaviour regardless if the offender is mentally ill or not. Any proposal to address the issues involving mentally ill inmates must hold that expectation as a high priority whilst balancing the needs of the offender and the criminal justice system. The community also expects that offenders will be managed in a safe, humane manner and that the causes of offending behaviour will be addressed so that on their release he or she will not pose a threat to the community.

Corrective Services Needs.

The Department of Corrective Services needs to separate inmates with unstable and untreated mental illness from its general population to minimise the risks of assaults, self harm and suicide. The management of mentally ill inmates needs to occur in an environment that is conducive to the CHS providing appropriate diagnosis and treatment. Corrective Services staff managing mentally ill inmates need to be provided appropriate training in mental health issues, enabling them to better deal with their behaviour.
Corrections Health Service Needs.

CHS require a therapeutic environment where inmates can be diagnosed and treated for mental illness. They require stability of placement of these inmates to stabilise their condition and provide timely advice to the courts in relation to their diagnosis, treatment and prognosis.

Needs of the Courts.

The courts need timely information as to an accused person's mental state, response to treatment and prognosis. On occasions involving serious mental illness, this information will be required to establish if the accused are fit to plea or if he or she is responsible for the crime. On other occasions the information will be used to establish if the community is better served by the continued imprisonment of the accused or would that end be better served through treatment in a psychiatric hospital.

Taking these needs into account, the aim for Corrective Services must be to safely manage mentally ill offenders and to facilitate appropriate mental health care. Objectives to achieve these goals must include the separation of the mentally ill from the general inmate population, an assessment, diagnosis and treatment processes, by CHS, in a stable therapeutic environment. This in turn will facilitate, a reduction in assaults, self harm and suicide whilst providing courts with the information they require and diversions of those better suited to community treatment plus the stabilisation of those remaining in custody enabling them to be returned to the general inmate population.
### Goals | Objectives | Performance Indicators
--- | --- | ---
Safely manage mentally ill inmates. | Separate mentally ill inmates from general prison population. | Number of assaults
Facilitate the best mental health care available. | Facilitate assessment, diagnosis and treatment of mentally ill inmates. | Number of suicides
 | Provide a therapeutic environment. | Number of psychiatric reports provided

### 3.2 Options

Considering the results of the environmental scan, the goals and objectives that need to be met, three options have been identified. They are:

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3.2.1 Option 1: A Prison Within a Hospital

Secure psychiatric wards or hospitals similar to Forensicare in Victoria and The Mason Clinic in New Zealand provide a therapeutic environment within the community for mentally ill inmates. To adopt this model in NSW, legislative changes would be required to divert scheduled mentally ill offenders from custody to community-based care. The therapeutic environment of community-based care would maximise the effect of treatment and quality information could be provided to the courts. Complete separation from the prison population of mentally ill patients would overcome all issues of incidents with other inmates and correctional centre staff not trained in mental health issues. As current community-based mental health beds operate at or near one hundred percent occupancy rates, such a facility would need to be purpose built for mentally ill offenders with the highest available security for such an establishment.

3.2.2 Option 2: A Hospital within a Prison

A psychiatric ward of ninety beds currently exists at Long Bay, but this is insufficient to meet the demands created by the high volume of mentally ill inmates passing through the system. This option would cater for more beds similar to the Siu Lam Psychiatric Centre in Hong Kong. All staff, including correctional officers would be trained in managing persons with mental illness. Completely isolated from the normal prison population this model could provide a therapeutic environment with correctional centre security and facilitate detailed feedback to the courts in relation to the residents.

3.2.3 Option 3: A Mental Health Assessment and Treatment Centre within a Prison

A therapeutic unit of 40 beds at the main reception centre would facilitate the assessment, diagnosis and commencement of treatment programs for mentally ill
inmates. Timely reports could be provided to courts which will facilitate the diversion from custody of some inmates and shorter remand periods for others. After assessment and stabilisation, inmates not diverted to community care would be identified for existing units such as the psychiatric ward at Long Bay or returned to the general population if appropriate. All staff, including correctional officers would be trained in managing persons with mental illness.

3.3.0 Evaluation of Options

While each option has the potential to meet the goals and objectives of the organisation their acceptability varies in relation to various criteria. The criteria which must be met are, political acceptability, cultural acceptability, strategic acceptability, resourceability, operational compatibility and cost/benefit advantage.

3.3.1 Option 1.

A prison within a hospital option contains considerable political risk in relation to both security issues and the current shortage of beds available to the community. The level of security of a 'high security' community based psychiatric hospital cannot be of the level experienced at a maximum security correctional centre with its perimeter systems, security staff and response capabilities. Although security levels may be of a standard to contain most mentally ill inmates, this was a contributing factor to the change in direction in NSW some twenty years ago and the safety of the public must have the highest priority. To now reduce the level of security relating to many forensic patients, who have allegedly committed quite horrific crimes would generate public concern and may not be politically acceptable. This situation is exacerbated by current community and media attention to what has been portrayed as inadequate sentences to those convicted of serious crimes.

Similarly, psychiatric hospital beds in NSW have full occupancy rates, as can be demonstrated by the forensic patients awaiting a vacant community-based bed after being approved for discharge by the Mental Health Review Tribunal. Any
further clogging of community resources by those who may be considered by the public to be better placed in a correctional centre poses some political risk.

Corrective Services culture has developed to resist releasing inmates whom it considers potentially dangerous to the community. Inmates with mental illness who assault other inmates or staff would encounter cultural resistance to them being transferred from the correctional system. The culture fosters a punishment and control ethos where transfer to a location outside its environment would see those issues lost. Therefore cultural resistance will be encountered in some instances to this option.

The concept of transferring seriously mentally ill inmates is compatible with Corrective Services strategic direction in that it would enable mentally ill inmates to be managed safely and causes of offending behaviour could be treated by the community health services. However, resources to support this option are outside the scope of Corrective Services and would be a NSW Health Department responsibility. Whilst this could be seen as a cost benefit to Corrective Services, it could be found to be ineffective in a whole of Government approach.

The operations of correctional centres don’t have systematic processes to identify all mentally ill inmates or to assess their suitability for transfer to a community based psychiatric hospital. Therefore a strategy of a prison within a hospital would not be compatible with Corrective Services current operations. This further highlights the need for a mental health assessment process in the correctional environment before any diversion from custody to a facility within a hospital for mentally ill offenders can be effective.

3.3.2 Option 2

The proposal for a psychiatric hospital within a prison carries little political risk and would be seen as a positive approach to those offenders suffering mental illness while maintaining the highest level of public safety. This option would also be acceptable to the culture and strategic direction of Corrective Services as is currently the case with the ninety bed psychiatric ward at Long Bay.
Correctional Complex.

This proposal's compatibility with current operations will encounter difficulty in the need for an assessment process for mentally ill inmates. Effectively a hospital within a prison already exists at Long Bay where bed capacity does not meet demand and this proposal would be an extension or addition to that program. It fails to address the issue of large numbers of inmates who need to be assessed, diagnosed and stabilised at the entry point of the correctional system.

To be effective, a mental health system within a correctional centre would require a large capacity of beds to process the volume of inmates requiring treatment. This would result in a level of funding that is unforeseeable within budget allocations. The capital works costs would be prohibitive alone, without the very high recurrent costs, although savings would be realised through the diversion of some inmates to community care and a reduction of incidents involving mentally ill inmates in the normal prison population.

3.3.3 Option 3

This option of providing a mental health assessment centre within the main reception centre of the correctional system, similarly to option two, involves little political risk. It would be rightfully seen as a program to assess those suffering mental illness plus provide a mechanism to diagnose and treat those inmates. Appropriate feedback could be provided to the courts allowing informed decisions to be made in relation to diverting some inmates to community care whilst others may be stabilised and returned to the general prison population. Those suffering more serious conditions would have treatment programs initiated and channelled into appropriate accommodation such as the Long Bay Hospital or other existing therapeutic programs which demonstrates compatibility with existing operations.

Such an initiative fits well with the organisation's strategic plan to manage inmates in a safe, secure and humane manner while addressing offending
behaviour. Encompassed within the secure confines of a maximum security correctional centre it would increase safety levels of inmates and staff as the untreated mentally ill would be separated from the general prison population and managed by staff equipped to deal with their unique issues.

Involving substantial capital works and recurrent costs, but significantly lower than options one or two, this proposal can be realistically resourced. Offset savings will be realised through the diversion of mentally ill inmates to community care, the reduction of incidents in correctional centres and the additional bed capacity at the MRRC obsoleting less cost effective ones at locations like Parramatta Correctional Centre.

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3.4 Recommended Option

An Assessment and Treatment Centre located within the MRRC is the recommended option as it not only meets all the previously specified criteria, it
ensures public safety and provides a vehicle to establish partnerships between Corrective Services, CHS, Community Health Care and the Criminal Justice system. It alone provides the capability of assessing large numbers of inmates at the reception point, where both other options fail to address that key issue which is central to the success of any strategy to manage mentally ill inmates. This option provides a therapeutic environment where mentally ill inmates can be assessed, diagnosed and treated, whilst separated from the general inmate population effectively reducing the number of assaults, self harm and suicides in custody.

This option will involve the construction of a forty (40) bed accommodation unit within the MRRC along therapeutic program delivery requirements whilst maintaining appropriate security details. The existing induction screening procedures and court requests will identify those inmate receptions to be placed into this unit for assessment. Inmates housed in this unit will be predominately managed by CHS staff with Correctional Officers providing the security requirements. All staff, including Correctional Officers, employed in the unit will be trained in managing the mentally ill.

Inmates received into this unit will be assessed and diagnosed by specialist CHS staff allowing for report back to courts and the commencement of treatment. The courts are then enabled to make timely, informed decisions on diverting some mentally ill inmates from custody considering public safety issues and the long term prognosis of the accused. Other inmates suffering less severe forms of mental illness may be stabilised and returned to the general inmate population, whereas the seriously mentally ill remaining in custody will be allocated to the most appropriate placement such as existing crisis units, developmentally delayed units or the psychiatric ward at Long Bay (annexure 1).

3.4.1 Cost / Benefit Analysis

The construction of the Mental Health Assessment Centre to house forty (40) inmates calculated at $200,000 per bed is $8,000,000. The recurrent annual costs
are $1,200,000 (annexure 2). Cost savings will be realised through the diversion of mentally ill inmates to community care and shorter remand periods ultimately reducing inmate numbers. To estimate those costs would be predictive and problematic with no reliable figures being available. However, the recurrent cost to Corrective Services for the forty beds is below that of other maximum security beds and their existence will ultimately replace such beds, generating a cost saving. Another efficiency is the reduced staffing costs relating to the response to serious incidents involving mentally ill inmates under the current system. At the MRRC it is estimated that, on average, 120 hours per week is spent responding to incidents involving mentally ill inmates. The cost estimate of this is $235,000 per annum.

Whilst this is not a direct cost saving, it is a clear benefit as this expenditure will be diverted back into core business.

4.0 Implementation Strategy

To implement this strategy it will be necessary to complete a capital works program, building the Mental Health Assessment Unit at the MRRC, then create the staffing requirements and operational budget. Detailed operational procedures and guidelines must be developed, and a staff training program delivered. A table describing the activities, functions, responsibilities and time frames of the implementation plan is provided in annexure 3.

4.1 Implementation Plan

Initially a Memorandum of Understanding will be developed between CHS and Corrective Services detailing commitment and responsibilities to the project. With approval of the Board of Management a Ministerial Briefing will be conducted and a Project Team established to initiate and oversee the capital works program. The Capital works budget will be programmed for the 2001/2002 financial year with work to commence early in that period.
CHS and Corrective services will establish partnerships with the courts (Attorney Generals Department) and NSW Health Department through formal Memorandums of Understanding. An Operational Development Team will be tasked to develop staffing, budgets and procedural issues prior to completion of the capital works project. This will involve all stakeholders including affected labour unions.

4.2 Review and Evaluation

On commissioning of the centre a monitoring team will be established to measure its performance. Performance indicators will include:

- The number of psychiatric reports provided to the courts.
- The time taken to produce such psychiatric reports.
- The number of inmates diverted from custody based on psychiatric reports
- The continuity of care or through care of those inmates
- Recidivism rates of those inmates
- The number of self harm incidents involving inmates with mental illness
- The total number of self harm incidents
- The number of assaults involving inmates with mental illness
- The total number of assaults
- The number of uses of force on inmates suffering mental illness
- The number of suicides of inmates suffering mental illnesses.

The monitoring committee will review the operation of the centre after twelve months and report to the Senior Assistant Commissioner, Corrective Services and the Director of CHS.

5.0 Conclusion

The number of inmates received into custody suffering mental illness overwhelms current strategies of management. In the absence of any comprehensive assessment process the courts are not supplied with timely information that could facilitate the diversion from custody of those who could more appropriately be managed in community based care and most mentally ill
inmates are integrated into the general inmate population. This directly contributes to increased numbers on remand, the number of assaults, self harm incidents and suicides in custody.

An environmental scan identified a similar world wide problem which is met through, diversion to community based psychiatric hospitals, corrections based psychiatric units and mental health training of correctional staff. The key issue identified for NSW is the absence of a therapeutic-based assessment system to facilitate, diagnosis, treatment and prognosis with partnerships established between corrections, mental health care providers and the criminal justice system. Such a process facilitates diversion of mentally ill offenders, who pose little risk to public safety, to community-based care and channel those who remain in custody to appropriate programs.

A 40 bed Mental Health Assessment Unit built at the reception point will facilitate such a process. Requiring considerable resources, cost benefits will be realised through decreases in critical incidents, a lowering of the remand population and obsoleting less cost effective beds. Ensuring the safe, secure and humane management of mentally ill inmates, it will restore public confidence in a correctional system displaying poor performance indicators in this key functional area.

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