29 January 2014

mhcc
mental health coordinating council

PO Box 668 Rozelle NSW 2039

T 02 9555 8388
F 02 9810 8145
E info@mhcc.com.au
W www.mhcc.org.au

ABN 59 279 168 647

Simon Tutton
Special Law Reform Officer
NSW Law Reform Commission
E: Simon_Tutton@agd.nsw.gov.au

Subject: Reintegration into community and management on parole – Question Paper 4

Dear Simon,

Thank you for inviting MHCC to the roundtable in December 2013. Subsequent to the meeting you forwarded the Question Paper 4, and we agreed to provide any comments, even though the submission deadline was 20 December 2013.

In the first instance, we congratulate the Commission on an extremely comprehensive Discussion Paper that clearly articulates the issues for people who experience mental health and psychosocial difficulties transitioning from the criminal justice system (CJS). We commend the emphasis on considerations surrounding transition initiatives including assertive pre-release programs including external leave programs, transitional centres and other transitional options.

4.12 - Refers to people in the system meeting the criteria for a personality disorder and suffering PTSD. MHCC wish to highlight the prevalence of people in the CJS who have lived experience of trauma and have complex needs, requiring a range of support services and interventions in order to minimise the likelihood of recidivism. We alert you to our recently released position paper :*Trauma-Informed Care and Practice: Towards a cultural shift in policy reform across mental health and human services in Australia, A National Strategic Direction,* [i] which presents recommendations for better engaging with this group of people across mental health and human service sectors, including the CJS.

Complex trauma survivors are likely to have been victims of interpersonal violence and have histories of physical and/or sexual abuse as well as chronic neglect and/or protracted emotional abuse, and/or witnessing domestic violence.

Abuse survivors often carry a number of mental health diagnoses concurrently, including: post-traumatic stress disorder (PTSD), borderline personality disorder, schizophrenia,[ii] depression or other affective disorders, anxiety disorder, psychotic and dissociative disorders, somatoform disorder, and sexual impairment disorders. The effects of childhood trauma are wide ranging, and people with trauma histories frequently present with multiple coexisting conditions and problems including: substance abuse, [iv] eating disorders, [vi] [viii] self-harming behaviours, [x] [xi] and suicidality, [xiv] [xvi] frequently have interactions with the criminal justice system, [xviii] [xx] and/or experience homelessness. [xxii]

In its Strategic Plan, *Leading Change: A Plan for 2011–2014: Roles and Action*, the Substance Abuse and Mental Health Services Administration (SAMHSA) in the USA[xxiv] has identified a core purpose as reducing the pervasive, harmful and costly health impact of violence and trauma by integrating trauma-informed approaches throughout health, mental health and related systems and addressing the mental health needs of people involved in or at risk of involvement in criminal and juvenile justice systems.

4.13 – We entirely agree with the LRC's comments that suggest that robust post-release arrangements and support are necessary to address the barriers to re-integration, particularly in relation to education and work programs. However, we stress real differences can only be made if, wherever possible, supported employment programs commence pre-release so that inmates are well prepared before they are transitioned on parole arrangements.

4.21 – We wholeheartedly agree with the 'Throughcare' philosophy of a coordinated, integrated and collaborative approach to reducing the risk of re-offending, which operates starting from the beginning of a sentence, offering a case management model from custody to community, paying attention to individual needs and establishing working partnerships between the correctional and community services systems.

We understand that there have been some reservations with these programs because of concerns that seek to eliminate risk and prioritise security. This may undermine the therapeutic and rehabilitative focus for offenders, and we propose that the only possibility for rehabilitation is a more person-centred approach to transition which is based on building relationships and trust on both sides.

4.25 – We agree with the model that supports an offender progress to the lowest level of security classification through access to pre-release leave programs and supported employment.

4.26 – The paper refers to case plans administered daily by an offender's case manager, including referrals to appropriate services. However, case managers only meet with prisoners monthly, and we suggest that meetings should occur more frequently as a general rule. The establishment of a productive relationship is critical to good outcomes, and this may be difficult when meetings are only held on a monthly basis.

4.27 – We also agree with the findings of the NSW Law & Justice Foundation that case management roles performed by those who also are responsible for security and enforcement creates a barrier to relationship building. Nevertheless, we acknowledge that access to support within the custodial environment is a beneficial aspect of the model.

4.28 – We understand that the Aboriginal Legal Service has criticised the quality of case management in custody and has developed an alternative model of family and prisoner support to assist Aboriginal prisoners. If not already existing, we recommend that a research project be undertaken to evaluate and measure outcomes, extrapolating the benefit of reduced recidivism on the individuals, families and cost benefits to the system of this program.

4.29 – We understand that practical issues make the 'Throughcare' program model difficult to implement. We would urge the Government/ Corrective Services to recognise the need for programs more broadly accessible despite security classification, and the merit of accessibility to programs at an earlier stage in order to maximise supervision and successful reintegration.

4.39 - The paper suggests that there has been little evaluation of the quality related to in-custody programs run by Corrective Services. MHCC propose that serious thought be given to the provision of

programs by community managed organisations, particularly targeted at people with mental health and coexisting substance abuse and psychosocial difficulties; including cognitive and intellectual disability (many of who have lived experience of trauma) and may benefit from a some different approaches to rehabilitation and 'recovery' .

4.54 – As we have said earlier, we wholeheartedly support the concept of pre-release leave programs to establish: better reintegration from the perspective of family and accommodation alternatives; community support networks; referrals to mental and physical health specialists; supportive employment, education and training and increasing the independence of institutionalised prisoners. We suggest that these programs run by community managed organisations in collaboration with Corrections will more likely provide successful re-integration than programs run entirely by Corrections.

4.68 – We agree that a transitional centre may provide the best long-term outcomes for institutionalised prisoners. We understand that these centres are only available to women, and strongly urge government to fund transitional alternatives for men as well.

We also recommend a pilot a 'back-end' home detention model as a way to re-establish family and community connections, providing additional support for the individual returning to a family and community setting. This would be to minimise pressure of managing restrictions and not 'setting the individual up for failure'. We understand that this model in SA has been extremely successful, due to the intensive support provided to these individuals.

4.78 – The Discussion Paper asks for stakeholders' views concerning 'back-end' home detention. MHCC suggest that the eligibility for consideration should be stated when sentenced, but also reviewable at any time during a sentence. Consideration for 'back-end' home detention applied six months before the expiry of the non-parole period would seem reasonable and a positive incentive for prisoners to work towards during their sentence.

4.83 – MHCC are in favour of the idea of pre-release day parole as a transitional initiative, with flexibility of weekend leave as a step towards re-integration. This together with pre-release transitional support programs and 'back-end' home detention is another positive incentive for prisoners to work towards. This model, has proved successful in other jurisdictions certainly warrants a trial in NSW.

4.89 – Whilst we agree with the concept of Re-entry Courts based on the Drug Courts model, this can only be successful if there are the services in the community to support the court team managing the offender. We like the idea of a problem solving team with a variety of skills and knowledge to work with and support an offender, and urge the government to allocate funds for programs that can assist people transition back into the community. Unfortunately, there is considerable uncertainty about funding models in NSW to accommodate people transitioning through the CJS.

4.101 – We understand that ex-prisoners experience difficulties and delay in accessing welfare and support services whilst in gaol, especially in relation to establishing accommodation post - release. Many prisoners may not have the literacy or life-skills to assist them follow the Corrections handbook on planning their release. It is critical that these individuals are assisted and supported to progress post - release planning to overcome their individual difficulties.

4.108 – The standard conditions that apply to parolees – to "'adapt to a normal lawful community life" is vague and may be a 'big ask' for people who have spent most of their lives in chaotic and dysfunctional environments prior to incarceration. Without intensive support pre and post- release their ability to

succeed is severely compromised. We agree that the State Parole Authority (SPA) have wider discretionary powers with regards to minor offences not punishable by imprisonment.

4.113 – We agree that a condition of parole - nil consumption of alcohol, is absolutely setting parolees up for failure, and too difficult for many to observe. Transition programs and counselling to assist prisoners manage alcohol consumption need to be well established before release so that the individual is not 'set up to fail'.

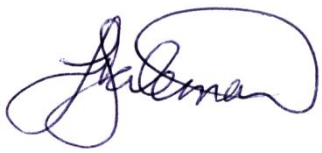
4.122 – MHCC have no problem with SPA being able to vary the length of supervision for a serious offender on parole, if this is a way that an offender can successfully remain in the community whilst requiring additional support for an extended period. Whilst this may be seen as a human rights issue, we support assertive support and coordination across services, when there are real concerns of risk to others.

4.143 – We strongly agree with the NSW Homelessness Alliance's [xxvi]call for more community housing run by community managed organisations, delivering comprehensive case management for offenders transitioning from custody. Without stable accommodation, it is difficult, indeed almost impossible for a parolee or ex-prisoner to make the changes necessary for a new and different way of life. Housing managed by community organisations, have a history of more positive outcomes and user satisfaction than government run services.

4.146 – Whilst the COSPs were not a well-supported model of transition when established, MHCC are concerned about where the funding has been redirected since the closure of all but two COSPs. Suggestion that funding has been redirected to community services is unclear. We strongly advocate specialist training for community workers to support people exiting prison; especially those with mental health problems.

We thank you for considering our perspectives raised in this Discussion paper and express our willingness to discuss any matters surrounding this inquiry and the contents of this submission at any time. If such a need arises please contact Corinne Henderson, Senior Policy Advisor at corinne@mhcc.org.au or telephone: 02 9555 8388 # 101.

Yours sincerely,



Jenna Bateman
Chief Executive Officer

[i] Link to paper, available:
http://www.mhcc.org.au/media/32045/ticp_awg_position_paper__v_44_final___07_11_13.pdf

[ii] Mueser, K T, Salyers, M P, Rosenberg, S D, Goodman, L A, Essock, S M, Osher, F C, Swartz, Marvin S & Butterfield, Marian I, 2004, 'Interpersonal trauma and posttraumatic stress disorder in patients with severe mental illness: Demographic, clinical, and health correlates', *Schizophrenia Bulletin*, Vol 30(1), 2004, pp 45–57

[iv] Briere, J & Runtz, M, 1990, 'Differential adult symptomatologies associated with three types of child abuse histories', *Child Abuse and Neglect*, 14, pp 357–364

[vi] American Psychiatric Association, 1993, *Practice guidelines for eating disorders*, American Journal of Psychiatry, 150, pp 207–228

[viii] Flemming, J, 1997, 'Prevalence of childhood sexual abuse in a community sample of Australian women', *Medical Journal of Australia*, No 166, p 65–68

[x] Lindberg, F H & Distad, L J, 1985,,'Posttraumatic stress disorders in women who experienced childhood incest', *Child Abuse and Neglect*, 9, pp 329–334

[xi] Laws, A & Golding, J, 1996, 'Sexual Assault History and Eating Disorder Symptoms Among White, Hispanic, and African-American Women and Men', *American Journal of Public Health*, 86, 4, 579–582

[xii] Cutajar, M C, Mullen, P E, James, R P, Ogloff, S D, Thomas, D, Wells, L & Spataro J, 2010, 'Suicide and fatal drug overdose in child sexual abuse victims: a historical cohort study', *MJA*, Feb 2010

[xiii] Ibid.

[xiv] Ibid.

[xvi] Plunkett, A, O'Toole, B, Swanston, Kim, H, Oates, R, Shrimpton, S & Parkinson, P, 2001, 'Suicide Risk Following Child Sexual Abuse', *Ambulatory Paediatrics*, vol 1, Issue 5, September-October 2001, pp 262–266

[xviii] Johnson, H, 2004, 'Drugs and crime: a study of incarcerated female offenders', *Research and Public Policy Series*, No 63, Canberra, Australian Institute of Criminology, http://www.aic.gov.au/documents/e/b/8/%7Beb8a400c-e611-42bf-9b9f-b58e7c5a0694%7Drpp63.pdf

[xx] Ibid

[xxii] Smith, J, 1995, 'Being Young & Homeless: Analysis and discussion of young people's experiences of homelessness', *The Salvation Army Youth Homelessness Research Project*, Australia, In Robinson, C , 2002, "I Think Home is More than a Building": Young Home (less) People on the Cusp of Home, Self and Something Else" Urban Policy and Research, Volume 20, Issue 1, 2002, Taylor & Francis http://www.tandfonline.com/doi/pdf/10.1080/08111140220131582

[xxiv] Substance Abuse and Mental Health Services Administration, 2011, 'Leading Change: A Plan for SAMHSA's Roles and Actions 2011–2014: Roles and Action', http://store.samhsa.gov/product/Leading-Change-A-Plan-for-SAMHSA-s-Roles-and-Actions-2011-2014/SMA11-4629

[xxvi] NSW Homelessness Community Alliance, *Policy Statement* (2011).