



Adult Corrections Health Services Plan 2008-2012

March 2008

Adult Corrections Health Services

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PART A - Introduction

1 Introduction

The Australian Capital Territory (ACT) is a jurisdiction of approximately 325,200 people (ABS, June 2005) currently establishing its first prison.

ACT Health, through the Corrections Health Program, currently co-ordinates the provision of health services to adults on remand in the Belconnen Remand Centre, the Symonston Temporary Remand Centre and the Quamby Youth Detention Centre.

The construction of the Alexander Maconochie Centre is planned to replace both the Belconnen Remand Centre and the Symonston Temporary Remand Centre by mid 2008.

When completed the Alexander Maconochie Centre will accommodate the full spectrum of prisoners of both genders, indigenous and non-indigenous, from a range of age groups. Prisoners will include those of non-English speaking background, people with disabilities and those with chronic, acute and multiple health conditions. Further, the prisoners will have a range of security and other classifications, and will include those who are on remand and those who have been sentenced.

The Alexander Maconochie Centre will be a campus-style facility designed to provide a humane correctional environment. Low, medium and high-security accommodation will be constructed in the form of double and single cells as well as cottage units.

When complete the Alexander Maconochie Centre will comprise the following:

- *Inside the 'Secure Perimeter':*
 - Up to 145 beds for sentenced prisoners;
 - Up to 110 beds for remandees in separate remand facilities; and
- *In separate facilities outside the 'Secure Perimeter':*
 - Up to 15 low-security prisoners in a Transitional Release Centre.

2 Purposes and principles

The provision of health services to the Alexander Maconochie Centre is defined within the *Corrections Management Act 2007*.

Section 21 of the Act states that:

the functions of the doctor are –

- (2) (a) *to provide health services to detainees; and*
(b) *to protect the health of detainees (including preventing the spread of disease at correctional centres).*

The function of the ACT Adult Corrections Health Program is to sustain and improve the health of remandees and prisoners in detention by providing and coordinating effective, holistic and efficient health services.

2.1 Purpose of the plan

This Plan will identify a framework for the management of the health of remandees and prisoners in detention within the ACT correctional system. It is a service plan, not an operational plan.

This Plan will:

- Define the role of ACT Health in providing for the health needs of prisoners;
- Identify key health needs of the expected populations of the prison;
- Identify the services required to appropriately meet these needs;
- Provide an outline for providing high quality health care to prisoners; and
- Propose key performance indicators to monitor its implementation.

2.2 Background

For the purposes of this document a detainee, inmate, prisoner or remandee is a person required to be in lawful custody on a charge of an offence, awaiting an appearance before a court, awaiting a sentence on conviction of an offence, or serving a sentence of imprisonment or detention on the order of a court.

Prisoners in detention are a highly stigmatised group, characterised by social and psychological disadvantage. Poor educational attainment, unemployment, social isolation, interpersonal conflicts, financial dependence and substance abuse are defining characteristics of these populations. The health of prisoners in detention is poor when compared to that of the general community and they also have a high prevalence of communicable diseases, mental illness and health risks related to drug dependence and other dependencies.

2.3 Underpinning principles

- The health service will work within a Human Rights context.
- Health is a complete state of physical, mental and social wellbeing, not merely the absence of disease or infirmity.
- There are many social determinants of health that are often exacerbated by the inequalities between socioeconomic groups.
- ACT Health and the Department of Justice and Community Safety will work in partnership to develop appropriate strategies to enhance the health of all prisoners in detention.
- People in custodial settings have the right to health services, prevention, education and health promotion initiatives that are equal to those applying to the broader population, recognising the constraints of the correctional setting in which they are located.
- The Corrections Health Program will provide care that is equal to that provided in the general community in a culturally sensitive service model.
- The Corrections Health Program will be accessible and flexible to all prisoners.
- The confidentiality and release of health and wellbeing information of individuals will be discussed and agreed with the client. Information sharing across agencies will occur only with the person's consent unless in the instance where they are at imminent risk of harming themselves or others, or as provided for by law.
- Services will be provided on the basis of clinical assessment of individual need and will be provided using a continuity of care approach. Some services required may need to be provided off-site.
- Improving health care in prison/detention will translate into better health outcomes in the wider community.
- The Corrections Health Program will link individuals to key health services and appropriate non government organisations to assist in improving the health of prisoners pre- and post-release, and to allow for continuing care through planned processes.
- The Corrections Health Program will meet the Australian Council on Health Care Standards and other agreed Australian national prison health standards.
- Services will be provided using a patient safety and quality framework where performance is measured, monitored and improved as a result of the analysis of data.
- The Corrections Health Program will contribute to new knowledge related to prisoner health.

2.4 Governance

The Corrections Health Program will be run by, and have direct reporting responsibilities to, ACT Health. Staff members will either be employed by, or contracted directly to, ACT Health. The provision of health services to the Alexander Maconochie Centre are defined within the *Corrections Management Act 2007*.

Section 21 of the Act states that:

the functions of the doctor are –

- (2) (a) *to provide health services to detainees; and*
- (b) *to protect the health of detainees (including preventing the spread of disease at correctional centres).*

The service will follow the principles outlined by the Centre for Health Research in Criminal Justice (NSW Justice Health) in that:

- (1) *The agency responsible for providing health services must be independent.* ACT Health will deliver health services and will, whilst working with, remain independent of Department of Justice and Community Safety;
- (2) *It must be able to provide high quality services.* The service will embrace a best practice evidence based correctional health model that will provide services that are equal to those available in the general community. The Corrections Health Program will be accredited, as part of ACT Health, under the Australian Council of Health Care Standards; and
- (3) *It must have authority supporting its existence and operations (preferably legislative authority).* The Corrections Health Program will operate within the legislation of the ACT; any amendments to legislation will be made as necessary to ensure the realisation of this principle.

2.5 Research

ACT Health will participate with local, national and international researchers to promote prisoner health research of the highest standards.

PART B – The ACT Adult Corrections Health Program

3 Health services

3.1 Adult prisoners

3.1.1 The client groups

The Alexander Maconochie Centre, like other regional prisons in Australia, will be expected to accommodate prisoners with a range of security classifications, varying backgrounds and health status. These prisoners will include sentenced and remanded people, males and females (including those who could be pregnant or have children under three years of age), transgender people, people who have offended under Territory and Commonwealth laws, Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds, people of differing ages, and people with chronic, acute, and/or multiple health conditions and disabilities.

While the health issues associated with the prisoner population are well documented, there is no epidemiological data base specific to ACT prisoners. Therefore research will be required to determine whether the health needs of the ACT prison population differ in significant ways from that of other Australian jurisdictions. This document has been developed on the premise that the health profile is likely to be similar to that of New South Wales prisoners. The assumptions for adult prisoners referred to in this plan are therefore based on the latest NSW inmate health survey - *The 2001 New South Wales Inmate Health Survey*.

Within the ACT there are between 70 and 90 remandees. This group is provided health services coordinated by the Corrections Health Program, within ACT Community Health.

There are less than 100 sentenced ACT prisoners in New South Wales (Corrections Health Program, October 2007).

The initial population of the Alexander Maconochie Centre is anticipated to be approximately 221 prisoners/remandees.

On the assumption that the care of inmates on a long-term basis will be a significant shift from the generally short-term care currently provided by the Corrections Health Program the program will need to be refocused. It will need to cater for the increased numbers and changed nature of the expected client group and will require substantial additional funding, staffing and training.

3.1.2 Demographic profile

The following tables show the type of population that could be expected within the Alexander Maconochie Centre.

ACT Prisoners and Remandees by Age as at 31-12-2006

Age cohort	Prisoners	Remandees	Total
18-22	18	13	31
23-27	25	13	38
28-55	74	27	101
55+	3	1	4
Total	120	54	174

Source: Department of Justice and Community Safety (January 2007)

ACT Prisoners and Remandees by Gender as at 31-12-2006

Gender	Prisoners	Remandees	Total
Male	114	51	165
Female	6	3	9
Total	120	54	174

Source: Department of Justice and Community Safety (January 2007)

ACT Prisoners and Remandees by Ethnicity and Place of Birth as at 31-12-2006

Ethnicity	Prisoners	Remandees	Total
Aboriginal & Torres Strait Island Peoples	19	6	25
People Born Outside Australia	20	9	29
Other	75	39	114
Unknown	6	0	6
Total	120	54	174

Source: Department of Justice and Community Safety (January 2007)

3.1.3 Service utilisation

The prison system plays a pivotal role in delivery of health services to this relatively youthful but chronically ill population. Prison medical clinics providing a broad range of health services to prisoners including nursing care, general practitioner services, dental services, pharmaceutical services and specialist medical services are the core means of health service provision to prisoners and are similar to community medical centres.

The *2001 New South Wales Inmate Health Survey* found that 58 percent of women and 37 percent of men regularly used clinics, primarily to pick up medications, with methadone supply being the most common reason for regularly visiting the clinic (70 percent of women; 34 percent of men). The survey also found that the majority of men and women had consulted a doctor in prison about their health during the previous six months. Most prisoners also indicated that their last dental health visit occurred while in prison (64 percent of women; 57 percent of men).

3.2 Expected prisoner health profile

3.2.1 General health

The *2001 New South Wales Inmate Health Survey* was used as the basis for identifying health needs of expected prisoners in the Alexander Maconochie Centre.

The three most prevalent conditions reported by women were:

- Hepatitis C (64%);
- Asthma (44%); and
- Back problems (37%).

The three most prevalent conditions reported by men were:

- Hepatitis C (40%);
- Poor eyesight (29%); and
- Back problems (28%).

Overall, the following data indicate high levels of chronic illness in this group despite the relatively young age.

- There was increased morbidity in women with 95 percent reporting at least one condition compared with 78 percent of men.
- 33 percent women and 25 percent men had been diagnosed with a cardiovascular condition.
- 15 percent of women had been diagnosed with some form of cancer, 63 percent of which were cancers of the cervix. Four and a half (4.5) percent of men had been diagnosed with some form of cancer, of which 54 percent were skin cancer.
- In terms of Body Mass Index, 21 percent of women and 14 percent of men can be categorised as 'obese'.
- 13 percent of women and five percent of men had visited an emergency or outpatients department in the community in the past four weeks. Musculoskeletal, digestive and genital problems were the most common reason for these visits among women, and musculoskeletal conditions accounted for 30 percent of emergency or outpatients department visits for men.
- 19 percent of women and 18 percent men had sustained at least one injury in the past three months. Lacerations, sprains and strains, and contusions were the most common injuries.
- Intentional injuries were common in both women and men, highlighting the violent environments in which many prisoners exist, the most common cause of injury for both women and men was being struck by an object or person (32 percent and 42 percent of all causes).
- Prisoner populations are characterised by an increased exposure to infectious diseases including bloodborne viruses and sexually transmissible infections. An example of this is clearly shown through exposure to the Hepatitis C virus with 64 percent of women and 40 percent of men testing positive.
- Approximately three percent of prisoners are expected to either be borderline or actually have an intellectual disability.

3.2.2 Substance abuse

The link between illicit drug use and incarceration is well established with studies showing high incarceration rates among problem drug users and high substance use noted amongst those incarcerated.

Data from the *2001 New South Wales Inmate Health Survey* shows;

- 84 percent women and 80 percent men in the correctional environment reported use of illicit drugs. Cannabis, amphetamines and heroin were the three most common drugs in both women and men.
- 74 percent women and 67 percent men had used illicit drugs regularly in the twelve months before prison.
- Over 60 percent of both women and men were under the influence of drugs and or alcohol at the time of offending for their current imprisonment.

3.2.3 Mental health

Several international studies have found an over-representation of the mentally ill in prisons. A recent review of 62 prison based mental health surveys found that prisoners were more likely to have a psychotic illness, major depression, or a personality disorder than the general population.

Based on the figure of 221 inmates and using data extrapolated from the *2001 New South Wales Inmate Health Survey* once operational:

- there will be approximately 90 Alexander Maconochie Centre prisoners who have received or are receiving some form of treatment or assessment by a psychiatrist or General Practitioner, for an emotional or mental problem;
- approximately 30 Alexander Maconochie Centre prisoners will have at one time been admitted to a psychiatric unit or hospital; and
- 12 of these 30 Alexander Maconochie Centre prisoners will have been admitted for a period over eight weeks.

Of the prisoner population of the Alexander Maconochie Centre:

- 44 percent of women and 37 percent 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 percent of women and 39 percent of men will have been diagnosed at some time in the past as having a psychiatric problem, with depression being the most common; and
- Three percent of women and five percent of men will have been diagnosed with schizophrenia.

4 Service model for the Alexander Maconochie Centre

4.1 Current services

The Corrections Health Program currently co-ordinates the provision of health services to adults on remand in the Belconnen Remand Centre and the Symonston Temporary Remand Centre. The health services are delivered in accordance with the accepted clinical standards and health practices that are available to the community. The services include General Health Services and Mental Health Services.

General Health Services include:

- medical services;
- general health nursing services;
- dental health services;
- immunisation;
- individual counselling;
- health promotion;
- pharmaceutical services;
- pathology services;
- imaging services; and
- specialist allied health services.

Mental Health Services include:

- clinical management of the mental health of remandees and people in detention;
- ongoing psychological assessment;
- individual counselling; and
- mental health interventions.

All persons remanded or sentenced to ACT Corrective Services facilities are provided with a general health and mental health assessment upon entering the facility.

4.2 Planned services - general health model

The service will provide a broad range of health services to prisoners and will build upon the experience and expertise built up by the Corrections Health Program in the current system. Throughcare, where inmates work with Corrections Health Program staff, ACT Corrective Services staff and appropriate non government organisations to ensure that care is continued post release, is central to the model of care.

In order to meet the increased demand and complexity from the predicted increase in the number of prisoners in the ACT due to the commissioning of the Alexander Maconochie Centre, staffing and resources of the service will need to be substantially supplemented.

The Corrections Health Program staffing has been supplemented to include a Medical Director of Corrections Health and will include an increased core of registered nurses. It is these nurses who will provide the “backbone” of the service. Within the Alexander Maconochie Centre the nurses will undertake the bulk of health service provision and provide continuity of care. It is anticipated that the tasks that the nurses will undertake will include:

- physical assessment of prisoners upon entry;
- primary care via the provision of general health clinics;
- triage;
- the provision of some pharmaceutical services including the delivery of an opiate replacement program such as methadone;
- initial health promotion and awareness raising about health services;
- coordination of care; and
- provision of gender specific health services.

The core medical and nursing staff will be supported by an extensive team comprising of, but not limited to, general practitioners, forensic mental health staff, psychiatrists, other health professionals including allied health staff, dental staff, health promotion experts and an administration officer. This team will undertake:

- mental health assessments upon remand;
- specialist mental health services including psychiatric services (note a secure mental health inpatient unit is planned to operate from a separate campus and is not included in the Corrections Health Plan);
- general practice services;
- dental health clinics;
- specialist medical services;
- allied health services including access to the full range of secondary and tertiary services as required;
- health promotion;
- palliative care; and
- specific services for Aboriginal and Torres Strait Islander prisoners.

Given the over representation of Aboriginal and Torres Strait Islander peoples within the Alexander Maconochie Centre and the success of an indigenous specific health unit within the NSW correctional system there is a justification for the development of a culturally sensitive health care service which may include a dedicated Aboriginal and Torres Strait Islander health worker and/or doctor. ACT Health will further investigate the recommendations arising from the report "*You Do the Crime You Do the Time*" prepared by Winnunga Nimmityjah Aboriginal Health Service and will work with them to build appropriate capacity in the service.

It is intended, where practical, that all general health services will be located and provided on site within the Alexander Maconochie Centre campus. However, due to the impracticality of providing for all types of specialist care, equipment and or surgical services within the Alexander Maconochie Centre, some services will have to be provided off-site at an appropriate hospital campus. Such services will most likely be undertaken at either The Canberra Hospital or Long Bay Prison Hospital. There may also be times where it is necessary to provide other general health services off the Alexander Maconochie Centre campus.

In anticipation of off-site care being provided at The Canberra Hospital consideration must be given to ensuring the safety and security of health staff and the general public, whilst maintaining the appropriate level of care for the prisoner.

Appropriate protocols will need to be developed with NSW Justice Health and the Department of Justice and Community Safety that will allow for the transfer of prisoners who require longer term or higher security hospitalisation to Long Bay Prison Hospital.

Under the *United Nations Minimum Rules for the Treatment of Prisoners*, remandees and inmates have the right to access their own medical practitioner if they wish. The *Corrections Management Act 2007* indicates consideration may be given to prisoners accessing their own doctor. The cost of accessing the doctor of their own choice will be borne by remandee or inmate themselves and not by ACT Health.

4.3 On site health care

4.3.1 Registered Practitioner services

It is recognised that, for a Registered Practitioner (General Practitioner), the prison is a challenging and complex environment in which to work. The General Practitioners will require skills and knowledge in a broad range of areas but particularly those involving substance misuse, communicable diseases and the care of a section of the community that, while relatively youthful, often has a range of chronic conditions as well as a possible aversion to authority figures.

A key element for high quality service provision for prisoners residing in the correctional environment is that of trust between the patient and their doctor. In order to achieve a level of trust it is essential that the following principles apply:

- continuity of care that allows for the development of a relationship between prisoner and health care professional;
- care of the patient being the health care professionals' primary concern; and
- 24 Hours, 365 days per annum, on-call service provision

Note the on-call provision could be in part undertaken by sessional General Practitioners and/or registrars.

Therefore, any providers must have:

- a commitment to the long term care of clients similar to the prison population;
- clinical training and/or expertise relating to prisoner health;
- clinical training and accreditation in the chronic conditions identified within this population;
- flexibility in service provision; and
- the ability and willingness to work in partnership with others in the care of inmates.

In order to meet these requirements ACT Health will aim to build a quality General Practitioner workforce by recruiting well, supporting and developing this workforce by providing opportunities for professional development and research. It will maintain this workforce through appropriate remuneration and succession planning.

ACT Health has recruited the position of Medical Director Corrections Health Program.

Part of the role of the service is to ensure the opportunity for training in a corrections environment. This will be offered to:

- new and existing staff of the program;
- medical professionals; and
- health professional students.

It is proposed that registrars undertake some General Practitioner services within the Alexander Maconochie Centre. This will not only assist with the delivery of General Practitioner services to the prisoners but also assist to demystify the corrections environment for the community's future General Practitioners.

4.3.2 Physical and mental health assessments on entry

Entry into the correctional environment is an inherently stressful time for any prisoner. It is important therefore to make this process as smooth and as painless as possible. However, it is also essential that the general health and well being of the prisoner is accurately assessed so that a care program can be developed. Therefore upon entering the prison system all prisoners will have a thorough assessment of their physical and mental health.

This assessment must be undertaken as soon as practical.

Section seven of this document will include information on the development of protocols to allow for the sharing of limited medical information between agencies. Prisoners will be informed as to which information will be contained within their confidential health files and which information will be/could be shared with ACT Corrective Services staff.

Upon entry to the prison the prisoner will:

- Receive a comprehensive health assessment. This will incorporate:
 - vaccinations;
 - mental health;
 - health risk and harm minimisation;
 - drug and alcohol assessment;
 - suicide risk assessment;
 - reception risk assessment; and
 - authority to obtain information.
- Staff authorised to undertake such an assessment may include:
 - a Registered Nurse*;
 - a General Practitioner*;
 - a Forensic Mental Health Induction Officer*, Forensic Psychiatrist* or Forensic Registrar*.

*note that all of the above will be employed by or contracted to ACT Health.
- Where mental health issues or the potential for suicide are identified, appropriate steps for the care of the prisoner will be made. Where practical, a thorough

mental health assessment will be undertaken by a Forensic Mental Health Induction Officer within 48 hours of arrival to the prison.

- Where general health issues are identified, a treatment plan will be developed and implemented as soon as practical.
- Prisoners will be provided with information on the availability of health services and products. Information will also be provided on issues including communicable diseases, safe sex and drug use.
- As soon as practicable prisoners with specific needs should be identified to allow for interpreter and or culturally specific services to be engaged.

4.3.3 General health clinic

The general health clinic will be available to all prisoners at pre-determined times. As the Alexander Maconochie Centre will cater for prisoners from all security classifications, clinic hours must be structured such that prisoners from different security classifications and genders do not meet. Most general health services for women will be undertaken in the women's campus.

A 14-hour primary health staffing model (7.30am – 9.30pm) (13-hours on weekends and public holidays (8.00am – 9.00pm)) will be the service model within the Alexander Maconochie Centre. This arrangement will provide services across the times during which prisoners are most likely to need to access primary health care services. Any emergency that occurs outside of general clinic hours is treated according to standard emergency procedures that uses either:

- The Medical Officer on call; or
- The local hospital emergency services: for the Alexander Maconochie Centre this would be The Canberra Hospital.

4.3.4 General health clinic bed based service

In addition to the regular clinic services proposed there is scope for the provision of limited bed based services. The footprint of the health services building allows for five beds.

Any bed based service provided at the Alexander Maconochie Centre will not be classified as an inpatient environment. Therefore, under the 14 hour care model it is planned that the infirmary would close for the day before 8.00pm, when any prisoners in the infirmary would be escorted back to their cells. Prisoners requiring inpatient care would be transferred to either The Canberra Hospital or Long Bay Prison Hospital prior to this time. Care provided in this environment would be limited to observation and monitoring. It is anticipated that this option will be used rarely.

4.3.5 Pharmaceutical services

The pharmaceutical service within the prison will be a patient focused, primary care service based on identified need. The prescribing, dispensing and storage of pharmaceuticals will conform to the appropriate Australian Standards and ACT and Commonwealth legislation.

The provision of pharmaceuticals and pharmacotherapies to the prison will be provided through The Canberra Hospital.

- The economy of scale that The Canberra Hospital affords will provide a cost effective option to the supply of pharmaceuticals required by prisoners that are not covered by the Pharmaceutical Benefits Scheme.
- The provision of restricted medications, including S100 drugs, is only available through institutions such as The Canberra Hospital.
- Obtaining all medications from one source and at one time will be a simpler and more efficient system to operate under for Corrections Health staff.

The Pharmacist will provide clinical pharmacy advice and support to those in the Alexander Maconochie Centre. The advice and support on all matters relating to pharmaceuticals and their use would include:

- Prescription monitoring;
- Counselling of prisoners on medication issues;
- Drug Information Service;
- Formularies - development and monitoring of appropriate formularies to ensure cost effective prescribing;
- Policies and Procedures – e.g. in possession protocols, the availability to prisoners of over the counter medications;
- Treatment Protocols; and
- Health Promotion – e.g. contribute to health promotion programs.

4.3.6 Dental services

Research from the United Kingdom indicates that the oral health of prisoners is approximately four times worse than that of the general population. The *2001 NSW Inmate Health Survey* showed that for over half of prisoners their last dental visit was while in the correctional environment. The United Kingdom standard is to provide at least one day of dental services per week per 250 prisoners (*Strategy for modernising dental services for prisoners in England 2003, Scottish Prisoners Dental Health Survey 2002*). Based on United Kingdom standards the dental surgery would need to operate at the Alexander Maconochie Centre at least two days per fortnight. Operating the service to this level will allow for between 14 to 21 occasions of service per fortnight depending upon the complexity of dental problems encountered. This would allow for four hours per week for emergency treatment, two hours per week for restorative and prosthodontics, and two hours per week for pre-release cosmetic dentistry. Such a service would also allow all prisoners to receive at least one dental check up per annum.

Again the underlying key principle of the health service within the prison is that the dental service provided for all prisoners will be equal to those services available to the general public through community dental clinics. Therefore the following services will be provided:

- Oral health promotion;
- Diagnostic service;
- Periodontics;
- Diagnostic endodontics;

- Diagnostic oral surgery; and
- Diagnostic restorative services.

The service will be provided by suitably qualified personnel, in line with professional standards, and will adhere to appropriate infection control guidelines. All dental care at the Alexander Maconochie Centre will be undertaken within the General Health Clinic in a specialised dental surgery.

4.3.7 Drug and alcohol service

The majority of prisoners within the Alexander Maconochie Centre will have or have had a problem with alcohol and/or illicit drugs. Drug and alcohol addiction is a health issue and should be treated by health professionals.

A range of services will be offered to prevent the uptake of harmful drug use, to treat those with drug use problems and reduce drug related harm to individuals. Such a service would be consistent with the *ACT Alcohol, Tobacco and Other Drug Strategy 2004-2008*. The service, recognising that drug and alcohol addiction is a health issue, will be tailored towards harm minimisation, demand reduction and effective clinical management for substance misusers. The service will aim to reduce the demand for illicit drugs and move prisoners away from the harmful effects of illicit drug use.

In order to achieve the best results for its drug and alcohol component of the health service within the Alexander Maconochie Centre, ACT Health will adopt the following principles:

- Regular evaluation of the policy - as few strategies have been evaluated, there is limited information about the benefits, costs and unintended consequences of supply, demand and harm reduction strategies. Therefore, as an integral part of the service, ACT Health will undertake regular rigorous and comprehensive evaluation.
- Recognition that while supply reduction is effective in the correctional environment prisoners are still using drugs whilst in prison/remand.
- Continuity of Treatment - given the evidence of harm from interrupted drug treatment, it is imperative that continuity of treatment be ensured during and after incarceration. Given the well-known increased risk of overdose post-release from prison, continuity of care should be improved for at-risk prisoners. This should be achieved through the implementation of post-release treatment plans including increased collaboration between ACT Corrective Services and the relevant community service providers.
- Harm minimization through health promotion - high levels of reported drug use and blood borne viral infection among prisoners have been documented. It is imperative that the harms associated with continuing use, whether in prison or upon release into the community, be reduced where possible. Efforts must be made to ensure prisoners have access to information regarding illicit drug use and related harms. Peer-based provision of information and/or education for illicit and injecting drug users will take place within the Alexander Maconochie Centre.

- Drug and Alcohol counseling – drug and alcohol counseling is seen as an important tool in the rehabilitation of prisoners and will continue to form part of the tools used to effectively manage substance misuse.
- Detoxification - the nature of a detoxification program is yet to be determined. Detoxification management will be safe and humane.
- Pharmacotherapy - will include treatment with a range of opiate replacement therapies which may include Methadone.

The strategies implemented will be introduced in partnership with ACT Corrective Services and will include detoxification, suitable opiate replacement therapies, prisoner programs and counselling.

A further strategy that will likely be included in the management of the Alexander Maconochie Centre is the development of drug free cottages to segregate those who are currently not using or have never used illicit drugs.

Detoxification

Many of the prisoners and remandees entering the ACT correctional system will need to undergo some form of substance misuse treatment which may include detoxification. Information from the Australian National Council on Drugs: *Supply, Demand and Harm Reduction Strategies in Australian Prisons* publication indicates that in 1999-2000, 63 percent of all prisoners entering the NSW correctional system underwent detoxification.

A detoxification program will need to be run within the Alexander Maconochie Centre. The nature of that program is yet to be determined but may include treatment with a range of opiate replacement therapies such as Methadone, Suboxone and, whilst not recommended in most correctional settings, Buprenorphine.

Urinalysis of prisoners will likely be used to detect illicit drug use within the Alexander Maconochie Centre. ACT Health staff will not undertake drug testing of inmates. If ACT Corrective Services purchases the services of ACT Pathology to test collected samples there will be a substantial increase in the workload of ACT Pathology. For example Victoria currently tests their prisoners approximately nine times per annum. Assuming that this is also the case at the Alexander Maconochie Centre, and taking into account that all new inmates will also be tested on arrival this could equate to approximately 2,340 tests per annum.

4.3.8 Public health and health promotion

ACT Health will put in place a range of public health initiatives to help to combat the spread of blood borne viruses and sexually transmitted infections as well as monitor public health in the Alexander Maconochie Centre.

These initiatives will include

- Ensuring compliance with the *Public Health Act 1997*;
- Disease surveillance;
- Monitoring tobacco use;
- Investigating outbreaks and monitoring infection; and

- Providing advice on nutrition to inmates and the Department of Justice and Community Safety.

ACT Health will further develop policy and procedures around

- Immunisation;
- Hepatitis C treatment;
- Skin penetration;
- Conjugal visits; and
- Needles and other injecting equipment.

Surveillance and routine reporting will be undertaken in relation to mental health, dental health, sexual assault, community health and ACT Health Accreditation.

ACT Health will adopt the following:

- Vaccination. All suitable prisoners will be offered and provided with appropriate vaccinations.
- Blood borne virus and sexually transmitted infections testing. As in the community, all testing for blood borne viral infections and sexually transmitted infections will be available and voluntary. All test results will remain confidential except as required by law.
- Blood borne virus treatment. Treatment for HIV, Hepatitis C and other blood borne viruses will be available to prisoners as appropriate, under medical supervision.
- Sexually transmitted infections. Treatment for sexually transmitted infections will be available to prisoners as appropriate, under medical supervision. Where appropriate the Corrections Health Program will refer inmates to the Canberra Sexual Health Centre.
- Men and women who are sexually assaulted in prison will be able to access medical and forensic care. Both victims and perpetrators will be referred for appropriate specialist counseling, potentially provided off site. The management and co-location of victims and perpetrators is an issue that will need careful consideration by the Department of Justice and Community Safety.
- The provision for post-exposure prophylaxis after possible exposure to HIV. National guidelines state “inmates... require assessment for PEP (post-exposure prophylaxis) as soon as possible after exposure”. Effective protocols for timely provision of post-exposure prophylaxis will be in place.

Condoms and barrier protection

Information specifically about safe sex in prison is particularly important and will be made readily available. The provision of condoms, dental dams and water based lubricant, as well as specific information on the appropriate use of these products, will also be readily available and accessible to all prisoners in the Alexander Maconochie Centre.

Disinfecting needles and tattooing equipment

Given the evidence that some individuals continue to inject drugs during incarceration, bleach should be readily available and accessible without repercussion as a harm

minimization tool against HIV. Investigation of other disinfecting and or cleaning agents may be warranted.

Tattooing is a major source of infection in the correctional environment. Further investigation is warranted into providing clean and appropriate tattooing equipment for an external party and / or training to allow for prisoners to participate in this practice in a safe and sterile environment. This was trialed in Canadian Federal prisons in 2004-2005.

Trial needle and syringe program

Needle and syringe programs have proven to be an effective harm-reduction measure that reduces needle sharing, and therefore the risk of blood borne virus transmission, among people who inject drugs. The incidence of needle sharing and Hepatitis C is significantly higher in prison communities than the general population. Six countries (Switzerland, Germany, Spain, Moldova, Kyrgyzstan, and Belarus) have extended needle exchange programs into prisons (*Rutter, S., Dolan, K., Wodak, A., & Heilpern, H. 2001; Dolan, K., Rutter, S. & Wodak, A. 2003; Lines, R, Jürgens, R, Betteridge, G, Stöver, H, Laticevschi, D, Nelles J, 2004*).

The experience and evidence from the six countries where prison needle and syringe programs exist demonstrate that such programs:

- do not endanger staff or prisoner safety, and in fact, make prisons safer places to live and work;
- do not increase drug consumption or injecting;
- reduce risk behaviour and disease (including HIV and HCV) transmission;
- have other positive outcomes for the health of prisoners;
- have been effective in a wide range of prisons; and
- have successfully employed different methods of needle distribution to meet the needs of staff and prisoners in a range of prisons.

A full and comprehensive evaluation of the proposed drug policies and services, and their subsequent effects on the prisoners and staff within the Alexander Maconochie Centre, will be undertaken 18 months after the commissioning. If, after this evaluation, further consideration of a trial needle exchange program is warranted, ACT Health will investigate the feasibility of introducing such a trial to the Alexander Maconochie Centre.

Health Promotion

Health promotion is a unifying concept for health care in prisons. The Corrections Health Program will aim to build the physical, mental and social health of the prisoners at the Alexander Maconochie Centre. It will help to prevent the deterioration of prisoners' health during custody and assist them in adopting healthy behaviours during their stay and post release.

Information on how to access medical care will be made available, in appropriate languages and media, for all prisoners, and will be displayed in areas accessible to all prisoners, for example wing notice boards. These displays will also make the most of the opportunity to share information on healthcare with prisoners with particular regard to health promotion literature. Such information will also be included in the Prison Induction Program.

Health promotion will also cover issues including mental health, well being, smoking, healthy eating and nutrition, oral health promotion, healthy lifestyles (including safe sex and relationships) and drugs and substance misuse.

Services will be provided:

- upon entry to the prison;
- during contact with Corrections Health staff;
- at regular intervals during an individual's incarceration; and
- to prison staff regarding the health needs of prisoners.

Health promoting activities will be organized to provide healthy lifestyle activities for prisoners other than the traditional focus on building muscle.

4.3.9 Mental health

This component of the Corrections Health Services Plan is based on the *Revised Standard Guidelines for Corrections in Australia* (Part 2.37-39), the recommendations of the *Victorian Institute of Mental Health Report on ACT High Security Mental Health Care (Forensicare Report 2004)*, and the Chief Minister's Interdepartmental Committee on Forensic Mental Health in the ACT. The recommendations were agreed by Government as part of *The New Way Forward for Forensic Mental Health in the ACT* initiative announced in May 2005.

There is a high occurrence of mental illness amongst prisoners in correctional settings. The Victorian Institute of Forensic Mental Health (Forensicare) have reported that their 'best estimate' is that 8 percent of men and 15 percent of women within prison have a psychotic illness (*Forensicare Victorian Institute of Forensic Mental Health (2005) Forensic Mental Health: working with offenders with a serious mental illness*. Submission to Senate Select Committee on Mental Health May 2005, page 14). A NSW study found the incidence of mental illness was 30 times higher in a prison population than in the general community. (*Butler T, Allnutt S (2003). Mental Illness Among New South Wales Prisoners. New South Wales Corrections Health Service, page 21.*)

A mental illness is a recognised, medically diagnosable, clinically significant behavioural or psychological syndrome that occurs in an individual and that is associated with distress or disability or with a significantly increased risk of suffering death, pain or disability. Often mental illness is present in association with other health problems such as substance abuse and intellectual disability (*National Statement of Principles for Forensic Mental Health 2002*).

In the contemporary prison system the treatment of mental health conditions is seen as exceedingly important in the rehabilitation of offenders. Approximately half of the annual budget on health services within prisons in the United Kingdom is taken up in providing mental health services (*Changing the Outlook, United Kingdom 2001*). As such the mental health component of the Alexander Maconochie Centre is seen as being pivotal for the successful rehabilitation and treatment of the majority of prisoners.

To achieve the best outcome for those prisoners who have a mental illness and the community as a whole, the mental health services within the correctional system will adhere to the following 12 principles adapted from the *National Statement of Principles for Forensic Mental Health 2002*:

1. Equivalence to the non-offender – all prisoners will have the same rights to availability, access and quality of mental health care as the general population. As such there will be appropriate equipment and trained staff available on site to provide services that are to a standard that are comparable to expected community standards.
2. Safe and Secure Treatment - Treatment and care will be provided in an appropriate environment compatible with the treatment and rehabilitation needs of the individual. Where appropriate this treatment will either be undertaken on site at the Alexander Maconochie Centre or at an appropriately secure psychiatric facility remotely located to the Alexander Maconochie Centre.
3. The provision of mental health care for offenders is the joint responsibility of the health, justice (including police and court systems) and correctional systems. The responsibilities to the prisoner will be addressed in partnership between these agencies, however the lead agency for providing mental health care must be ACT Health.
4. Access and Early Intervention – Prisoners and remandees will have timely referral and access to specialist mental health services when appropriate. This will mean that prisoners receive mental health assessment upon arrival to the Alexander Maconochie Centre.
5. Comprehensive forensic mental health services – ACT Health, amongst other services, will provide a specialist mental health service. This will include an integrated in-patient service, prison mental health service, court liaison service, and community mental health service, in a coordinated clinical and administrative stream.
6. Integration and Linkages – in order to minimise barriers to the treatment of the prisoner in the most clinically appropriate setting, the service will integrate in-patient, prison mental health, court liaison, and community mental health services.
7. Ethical Standards - The service will work with ACT Corrective Services in order to ensure that the prisoner's rights to individual human worth, dignity and privacy is not waived by any circumstance, regardless of an individual's history of offending or their status as a forensic mental health client.
8. Continuous Staff Development in the key areas of knowledge, attitudes and skills - The forensic mental health workforce requires a high degree of professionalism and strong clinical leadership. In light of the specialised and often challenging nature of forensic mental health service delivery, it is recognised that appropriate training and support are required to build and maintain a highly skilled workforce.

9. Individualised care - Forensic mental health services will aim to meet the changing needs of individuals, by taking into account the entirety of their biological, psychological, social, cultural and spiritual context. Individualised care will therefore include facilitated access, comprehensive assessment, unimpeded treatment, regular review and recognition of the humanity of the person including the involvement of significant others in treatment, support and care.
10. Quality and Effectiveness – All ACT Health services within the Alexander Maconochie Centre will have in place a quality improvement process which, through performance outcomes, will identify opportunities for improvement in the delivery of services and includes action to address identified deficiencies.
11. Transparency and Accountability – the services will be subject to processes of accreditation against national standards for mainstream services, external and peer review.
12. Judicial determination of detention/release - Decisions to detain, release or transfer mentally ill individuals found not guilty or unfit for trial because of a mental illness or intellectual impairment will only be made by courts or independent statutory bodies of competent jurisdiction, and will only be made in accordance with the applicable legislation and legal principles, on the advice of suitably qualified mental health practitioners and in accordance with best practice principles.

It is well understood that, given the major focus of correctional facilities being secure containment and the focus of mental health services being diagnosis, treatment and rehabilitation, there are inherent difficulties in providing a mental health service within a correctional facility (*Principles for Forensic Mental Health 2003*). It is seen as vital, therefore, that the proposed mental health services within the prison, whilst remaining independent of the correctional system, work hand in hand in delivering services with the case manager of individuals within the corrections service.

It is conservatively estimated that 60 percent of prisoners will require some kind of mental health intervention upon reception and therefore for the Alexander Maconochie Centre this equates to approximately 133 prisoners (*The 2001 New South Wales Inmate Health Survey*).

A successful Mental Health program within the Alexander Maconochie Centre will:

- 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 Alexander Maconochie Centre and community based services such as supported accommodation, training and rehabilitative services; and
- Include enhanced data collection, monitoring and planning.

Where possible and appropriate Forensic Mental Health Services will be provided on site at the Alexander Maconochie Centre.

Just as in the wider community, some of those who are identified with a mental illness may be assessed as needing a greater level of specialist intervention. This should not mean, however, that such prisoners automatically need to be moved from their normal location. Rather, the next level of service should focus on meeting their additional needs by providing such additional support through services based in the prison.

Crisis Support Unit

There will also be a small number of people who will need 24-hour support, supervision and observation, because they are going through a particular crisis or need short-term intensive monitoring. These prisoners will be cared for in the Crisis Support Unit.

The Crisis Support Unit will be operated and staffed by ACT Corrective Services staff, (including a psychologist employed by ACT Corrective Services), to provide support and monitoring. Whilst this facility will be located adjacent to the health clinic it is not a health facility. The Mental Health clinicians will provide consultation and liaison services to the Crisis Support Unit. The Mental Health clinicians will also assist any required transfers of mentally ill prisoners from the Crisis Unit (or other parts of the prison) to the appropriate secure facility.

The Crisis Support Unit will be used for monitoring prisoners and will not provide in-patient psychiatric care or replace the available specialist mental health services.

A comparatively small proportion of prisoners will have mental health problems that are so severe that the prison system simply cannot meet their needs effectively. The goal for such patients must be speedy assessment and transfer to the appropriate specialist facilities. Such transfers require the active engagement of professionals from the prison and the health sector. Where delays are unavoidable, the Forensic Psychiatrist and Registrar should offer support and advice to the prison on how to manage the patient to prevent any further deterioration.

Forensic mental health clinicians

Forensic Mental Health clinicians will be attached to the Corrections Health Program to follow-up on any concerns raised by either the Forensic Mental Health Court Liaison or Mental Health Induction Officer.

The clinicians will:

- provide assessments and interventions for prisoners on self-referral or referral from other prison staff, including mental health prevention and early intervention where indicated through individual sessions and group work. They will either

themselves provide those clinical interventions or will refer the prisoner to the consultant Forensic Psychiatrist or Registrar. Prisoners with a mental illness will be reviewed on a regular basis;

- follow-up on any concerns raised by either the Forensic Mental Health Court Liaison or Mental Health Induction Officer;
- provide assessments and tertiary mental health care interventions for prisoners on self-referral or referral from other prison staff;
- provide ACT Corrective Services staff with a consultation liaison service for crisis support in the Crisis Support Unit of the medical centre;
- assist the Forensic Mental Health Medical staff organise the transfer of prisoners requiring either acute voluntary or involuntary mental health inpatient treatment and care to an appropriate mental health inpatient facility, following consultation with the ACT Corrective Services staff and the secure Mental Health facility; and
- will consult with appropriate services to manage mental health aspects of discharge planning.

Off-Site Health Care

In relation to off-site Forensic Mental Health services it should be noted that the current services are either proposed or in place:

- Proposed mental health secure inpatient unit proposed for secure mental health response beyond the prison, including a forensic psychiatrist and forensic mental health registrar, an acute forensic inpatient unit of 15 beds with medium-term low to medium security care capacity.
- Long term low security patients could, when and where appropriate be accommodated in Brian Hennessy Rehabilitation Centre.
- Forensic mental health assessment service using consultant forensic psychiatrists and forensic psychologists to offer assessment services for prisoners referred by the Courts (Magistrate & Supreme), the Mental Health Tribunal and the Sentencing Administration Board.
- Forensic community outreach service, to provide a consultation and liaison service for Mental Health Community Teams and inpatient facilities. The service aims to improve prisoners' mental health status and reduce the risk of serious violent re-offending by working alongside Mental Health staff and inpatient staff.

It is important to note that, given the potentially high number of people with mental health conditions within the Alexander Maconochie Centre, there will be some linkages between the secure forensic mental health facility and the Alexander Maconochie Centre, not least of which will be the sharing of the clinical psychiatrist and registrar. However, both the secure forensic mental health services and corrections health services will be independent.

4.3.10 Optometry

Approximately 30 percent of prisoners identify poor eyesight as a major health concern and as such the provision of limited optometry services to prisoners would appear appropriate. Given the numbers of potential patients a contracted optometrist will

provide approximately four hours of service per fortnight. Equipment will be provided by ACT Health and an appropriate room such as an adaptable consulting room will be provided.

4.3.11 Other health care

External health services are those that will be provided remotely, e.g. within The Canberra Hospital. These services would usually be subject to referral from a primary care setting and may include:

- inpatient services (acute medical, surgical and accident and emergency). Given there will be no inpatient services within the prison, any prisoner requiring inpatient care will need to be treated within The Canberra Hospital or Long Bay Prison Hospital. Therefore there may be an increased need for additional adaptable secure facilities to be constructed within The Canberra Hospital campus;
- physiotherapy. Musculoskeletal complaints are reported frequently amongst the prisoner population and therefore these services will likely be highly utilised. Where specialist equipment is not required, much of the work of a Physiotherapist may be able to be undertaken within the prison facility. However, from time to time, some services may need to be provided external to the prison;
- occupational therapy. It should be noted that, where specialist equipment is not required, much of the work of an occupational therapist will be able to be undertaken within the prison facility. However, from time to time, some services may need to be provided external to the prison;
- diagnostic services and tertiary level of diagnostic and treatment services; and
- on occasions when young children under three may reside in the Alexander Maconochie Centre appropriate child health services to maximise the health potential of the child will be required. This may include the need for specialist paediatric care and access to a childhood immunisation scheme.

The prisoners within the Alexander Maconochie Centre will need a range of medical specialist and allied health services that could include but not be limited to specialised hepatitis services, a liver clinic specialist, an endocrinologist or dermatologist. Where possible all medical specialist and allied health services will be provided on site.

4.3.12 Referral pathways, throughcare and transitional release

After 12 months of operation it is anticipated that there will be up to 15 low-security prisoners in a Transitional Release Centre. As part of the transition process from a correctional environment back into the community, prisoners will be encouraged through the development of referral pathways and 'throughcare' arrangements to access health services that are external to the prison. Links will be established with appropriate non-government organisations and community based services. Establishing these links will be an ongoing process and will begin during service transition planning, commissioning and during the operation of the Alexander Maconochie Centre.

5 Staffing and Infrastructure

5.1 Health workforce

It is clear that a strategy of this nature will have significant implications for staff, both in the health system but also ACT Corrective Services. For example, if prisoners with emerging mental health problems are to be identified early, then all staff working in the prison need mental health training. This will ensure they have sufficient competence to identify potential mental health problems and have the skills to act appropriately on their concerns.

Training of ACT Health staff in the operations of the Alexander Maconochie Centre and key policies, procedures and legislation will also be undertaken. It is anticipated that the Department of Justice and Community Safety would assist in the provision of this training.

In order to ensure that clinical staff spend the most time possible with the patients it would be appropriate for clinical staff to be supported by an administration officer to undertake routine administration work. It is suggested that this position be full time.

5.2 Staffing structure for general health services of the Alexander Maconochie Centre

The health services within correctional facilities will involve providing short-term care, observation and assessment leading, as necessary, to transfer off-site.

The Corrections Health Program will have two components:

- Onsite services for operational management, clinical services, ambulatory services (including on-site dental and allied health services) and a bed-based service; and
- Off-site services for acute and rehabilitation bed-based services, ante- and post-natal services, early childhood services, and specialised inpatient and outpatient services.

Staff of the General Health service will include:

- Medical Director, Corrections Health;
- Senior nursing supervisor;
- General nursing staff; and
- An administration officer/practice manager.

The Medical Director, Corrections Health Program will be responsible for:

- undertaking clinical work within the General Health Centre;
- leadership and direction to the Corrections Health Program team within the Alexander Maconochie Centre;
- the Corrections Health Program and providing high-level policy advice;
- research and establishing links with the clinical schools of local universities with the aim of eventually creating a position of Associate Professor of Corrections Health;
- contracting and managing sessional and out of hours General Practitioners;

- management of the day-to-day operation of the service and developing and maintaining a productive consultative relationship with management of the Alexander Maconochie Centre;
- developing referral pathways and 'throughcare' arrangements with health services external to the prison;
- leading patient safety and quality activities within the General Health Centre; and
- overseeing 24 hour on call services.

NOTE: The Medical Director Corrections Health will also have a role at the Bimberi Youth Justice Centre.

Senior nursing staff will be responsible for:

- management of clinical records, including admission, progress and discharge notes, and a care plan maintained according to legislative requirements;
- assisting in the management of the day-to-day operation of the service and developing and maintaining a productive consultative relationship with management of the Alexander Maconochie Centre; and
- participating in patient safety and quality activities within the Corrections Health Program.

General nursing staff will be responsible for:

- induction assessment;
- induction to opioid pharmacotherapies;
- management of withdrawal treatment episodes;
- follow-up nursing interventions;
- triage;
- administering medication as per medical and standing orders;
- participating in the implementation and coordination of prevention, education and health promotion programs relating to all prisoner health needs;
- providing comprehensive documentation of prisoner interaction (as appropriate), including treatment provided and management plans;
- initiating and undertaking appropriate treatment/medication/referral in emergency situations;
- liaising closely with ACT Corrective Services officers and other ancillary health staff regarding day-to-day issues related to prisoner health and safety;
- ensuring that health care is effectively integrated into total prisoner management, including discharge planning by liaising with medical, allied health staff, ACT Corrective Services officers and community services;
- maintaining a physically safe and culturally sensitive environment for prisoners;
- collecting statistical data as required;
- conducting stock audits;
- maintaining contemporary professional knowledge and skills through a commitment to self-learning, on-going staff development and education and performance reviews;
- complying with relevant legislation, policies and guidelines; and
- participating in patient safety and quality activities within the General Health Centre.

Staff of mental health services will include:

- Forensic Psychiatrist;
- Psychiatry Registrar;
- Prison Mental Health Induction Officer; and
- Prison Mental Health Clinicians

5.3 Infrastructure at the Alexander Maconochie Centre

The medical centre within the Alexander Maconochie Centre is a five bed (14 hour (13 hour weekend service)) general health ward that will be staffed by ACT Health employees or persons contracted by ACT Health. It will include onsite services for clinical and operational management and ambulatory services (including on-site dental and allied health services). The understanding is that this facility is a medical centre and not a mini-hospital nor a behaviour management facility.

A 10 bed crisis support unit will adjoin the medical centre. It is not a health facility and will be exclusively staffed and run by ACT Corrective Services. Mental Health ACT clinicians will provide support to this unit.

General needs

- the general health ward will be designed to only provide short-term care (not including overnight care), observation and assessment;
- two prisoners' waiting areas including a pharmaceutical treatment area will be provided. It should be noted that if pharmacotherapies, such as Methadone, are provided in the Alexander Maconochie Centre, they must be delivered by two nurses (or a nurse and a pharmacist) and therefore, there must be enough room for two people to work safely side by side;
- a secure medicines and records area;
- office space for four nurses;
- three consultation rooms;
- one treatment room;
- one dental room;
- one general room;
- office space for the mental health Forensic Psychiatrist and Psychiatry Registrar;
- additional space for a mental health clinician (ACT Corrective Services employed) in the Crisis Support Unit; and
- work space for five mental health clinicians.

Given the relatively high numbers of accidents/admissions experienced in the NSW system, any off-site treatment may add pressure to The Canberra Hospital. The need for the construction of a secure facility within The Canberra Hospital, where prisoners can be segregated from other patients before, during and after treatment will need to be investigated. The building of such a facility, would need to be adaptable to be able to be used for general hospital purposes for much of the time.

PART C - Program needs of specific populations

6 Specific populations

6.1 Aboriginal and Torres Strait Islander peoples

The health of Aboriginal and Torres Strait Islander peoples could be categorised as poor and this in part may be as a result of the community generally being reticent in attending mainstream health services. However research undertaken as part of the prisoner health survey in NSW indicates that when a dedicated Aboriginal and Torres Strait Islander peoples health service is provided most Aboriginal and Torres Strait Islander prisoners had used the service (75 percent of women and 87 percent of men). This is supported by the Winnunga Nimmityjah Prison Health Report 2007 "*You Do the Crime You Do the Time*". This data indicates that a dedicated health service for this sub population may be of benefit to the approximately 10 percent (22) of prisoners who are expected to be Aboriginal and Torres Strait Islander people within the Alexander Maconochie Centre.

The health system within the Alexander Maconochie Centre will work towards healthier Aboriginal and Torres Strait Islander community's by:

- Being responsive to the needs of the Aboriginal and Torres Strait Islander peoples;
- Embracing the diversity of Aboriginal and Torres Strait Islander cultures and ensuring that every aspect of health service provision is culturally safe for Aboriginal and Torres Strait Islander peoples; and
- Delivering quality services to the Aboriginal and Torres Strait Islander peoples within the Alexander Maconochie Centre, possibly through the contracting of some services from the Winnunga Nimmityjah Aboriginal Health Services.

The services provided will aim to address the health of Aboriginal and Torres Strait Islander people in a holistic way and encompass mental, physical, cultural and spiritual health.

The ACT currently has a recognised dedicated Aboriginal and Torres Strait Islander peoples health service, Winnunga Nimmityjah. This service has extensive experience in providing health services to Aboriginal and Torres Strait Islander peoples and others within a prison based environment. It is highly regarded and has extensive knowledge of and links with the local indigenous community.

In 2006 ACT Health funded Winnunga Nimmityjah to undertake research into the development of a model for a prison health service dedicated to the Aboriginal and Torres Strait Islander peoples prison community. This research has been completed and ACT Health will review the findings with the view of implementing recommendations arising from the research. ACT Health will work with Winnunga Nimmityjah to deliver a dedicated Aboriginal and Torres Strait Islander peoples service.

ACT Health will promote the employment of culturally appropriate health service personnel. Three positions within the service will be identified positions. This will comprise of two nursing positions and one mental health clinician.

6.2 Women's health program

The women's health program recognises the importance of understanding women's health from a population health perspective. Broadening understanding of women's health to encompass both gender specific needs and the social factors that impact on health and wellbeing will allow the service to better plan and respond to women's health and wellbeing issues as services will be developed that are meaningful to women's lives and experiences.

The provision of a 'women's health program' for women in custody is essential due to the unique needs and experiences of the women who enter this environment. To understand these needs two main factors need to be considered to ensure services are provided in a meaningful and relevant way. These factors are:

- The gender specific health needs of women;
- The social context of the lives of women who enter the custodial system.

Gender specific health needs

The gender specific health needs of women relates to the health needs that are unique to women such as cervical cancer, breast cancer, endometriosis, pregnancy, terminations, menstruation and menopause. To ensure that these needs are addressed the women's health program will provide information and access to services that address these issues.

Social context of women's lives

Whilst the number of women in custody is small their health needs are disproportionately high. This can be directly related to the high level of marginalisation that this group of women experience. This experience of marginalisation results in negative impacts for women's health and wellbeing. *The NSW Justice Health Clinical Services Plan 2000*, states that "a combination of adverse factors creates even greater health risks for this group when compared to women in the general community and to males in custody." These adverse factors are described below:

- problems arising from dysfunctional and abusive families and relationships;
- poverty;
- indigenous status;
- inadequate housing and chaotic lifestyles;
- dislocation from family and personal supports;
- lack of education;
- unemployment;
- early sexual activity and child bearing;
- single parenthood;
- mental health issues;
- substance abuse; and
- difficulties in accessing health services.

Delivery of health and wellbeing services for women

The women's health program will adopt a model of care that focuses on case managing or co-ordinating services that support and assist women in addressing issues that impact on their health and wellbeing. This health service case management/support co-ordination role will be fulfilled by a health worker who will support the women in developing a health and well-being support plan that details the women's goals associated with the broad issues that impact upon her health as detailed above. The health worker will work very closely with and support the prisoner's corrective services case manager.

This support coordination role will be responsible for developing linkages and partnerships with a range of services both within the correctional facilities environment as well as external community health and well-being services. The workers will ensure that all agencies have a clear understanding of what each is responsible for in relation to support provision and implementation of the support plan and ensure a coordinated approach is adopted. The purpose of this approach is to improve health and wellbeing outcomes for women entering the custodial environment.

This model will adopt the following principles:

- The woman, with assistance from her support worker, determines her health and well being goals.
- Confidentiality of health and wellbeing information and the limitations of such will be discussed and agreed with the client. Information sharing across agencies occurs with the woman's consent unless in the instance where she is at risk of harming herself or others or, as compelled by law.
- Women in custody are respected as individuals with unique needs.

The support co-ordination model is detailed below.

1. On entry to the custodial setting a **Comprehensive Assessment** will be conducted with the woman to assess her needs that encompasses both gender specific health needs and the social determinants that impact on her health eg physical health screens/checks, mental health screens, social/emotional health screens, family history, parenting support, living skills, exit planning including housing, developing support networks, living skills, educational background, substance abuse, employment, financial issues etc. Some aspects of this assessment will be done immediately (high priority areas such as potential for drug and alcohol withdrawal, mental health screens for risk of self harm and assessment of existing medical conditions that require medications) and others will be completed over the course of the first few days post entry into the custodial setting. During this stage a support co-ordinator would be allocated to the women.
2. The next stage of the process is **Planning**. The support coordinator's role is to develop a plan with the woman that details her goals and aspirations, which directly relate to the needs that were identified from the comprehensive assessment. The woman leads this process with support from her support coordinator.

3. Once goals are developed the support coordinator will **Coordinate** support services to work with the woman. Regular reviews of the plan are conducted with the woman to ensure it remains relevant to her needs.
4. **Prerelease planning** is completed with the woman to ensure that she is linked in with appropriate services prior to release. The introduction of these services prior to release and a meeting between these services, the woman and support coordinator will ensure that all parties understand the plan and their role in supporting the woman in achieving her goals post release.

The young women's health program recognises the importance of understanding young women's health from a population health perspective. Broadening understanding of young women's health to encompass both gender specific needs and the social factors that impact on health and wellbeing will allow the service to better plan and respond to their health and wellbeing issues as services will be developed that are meaningful to the young women's lives and experiences.

The provision of a specific program for young women in custody is essential due to the unique needs and experiences of the young women who enter this environment.

The gender specific health needs of young women will include services that will be designed to meet their specific health needs. It will include specific services that cover such issues as commencing menstruating whilst in detention, sexual health, pain management, hygiene, nutrition, pregnancy and terminations. To ensure that these needs are addressed the health program will provide information and access to services that address these issues.

Mental health services are critical services for young women with depression being a major issue for young women in detention. Self-harming behaviours are more common with young women than with young men.

Health needs of women with children residing in prison/detention.

Where there is to be an infant/child residing with their mother whilst she is in either detention or prison there will be an identified arrangement for both the support of the mother in her parenting needs and of the infant/child's health needs.

The antenatal and postnatal health care needs will be provided by offsite services to ensure the appropriate care is provided for the period of pregnancy and post delivery.

Services of the Maternal and Child Health services will also be provided to ensure appropriate support is provided to address issues of breastfeeding, nutrition, parenting skills education and ongoing support. This will be provided through visits to the centre by Maternal and Child Health services staff and will allow appropriate monitoring of the growth and development of the infant and the support for the mother's needs.

At periods of time where there are a number of women in detention/prison with infants/children there will be opportunity to provide group support on parenting issues.

ACT Health will investigate providing parenting programs for all prisoners and young people in detention with a focus on prevention of the risk factors that lead to intergenerational abuse and neglect.

Health care for the infant/child will be required from a preventative and monitoring perspective and diagnosis and treatment of illness. ACT Health will work closely with other services such as Care and Protection where issues are identified.

There will also be a need for the young children with their mothers in prison/detention to have access to appropriate and specific child health services including immunisation services. Where appropriate, arrangements will be made for services to be accessed off site.

Appropriate family care plans will be developed so that the general health centre within the prison/detention centre can monitor and follow up care received off site.

6.3 People from culturally and linguistically diverse backgrounds

The prison population is as culturally diverse as society in general. Identifying the needs of prisoners from culturally and linguistically diverse backgrounds, and ensuring that services are provided which are sensitive to them, will be essential. Provision of information in languages other than English and having ready access to interpreters is part of that. But it is equally important to ensure that those who are providing services for these groups of prisoners have the competence to understand the cultural or religious obligations which may make it difficult or impossible for them to engage with traditional services. Mechanisms for overcoming such issues must also be established, including the recruitment of staff from ethnically and culturally diverse backgrounds where appropriate.

PART D – Information and Evaluation

7 Information management and sharing

For effective health care the bond of trust between a healthcare professional and their patient is essential to ensure improved health outcomes. A patient will share information with their health care professional that they may not share with others. If information were passed on to others without the consent of the patient then this trust would be broken.

ACT Health recognises that, in some instances the sharing of some information is important for the health and well being of the prisoner. To this end it is essential that ACT Health and ACT Corrective Services develop protocols that allow the sharing of appropriate, limited medical information between agencies in accordance with the provisions of the *Corrections Management Act 2007* and with the ACT Health *Public Health Records and Information Policy and Disposal Authority*.

ACT Health will keep a medical record of each person admitted to the Alexander Maconochie Centre.

The record will include the following information:

- (a) the name, age, sex and address of the person admitted;
- (b) a history of the admitted person's treatment in the facility, including:
 - (i) the date and time of admission;
 - (ii) any medical condition the person was suffering at the time of admission;
 - (iii) any medical procedures performed on the person while admitted (including the date & time of the procedure);
 - (iv) any medications administered to the person (including the date and time of administration);
 - (v) any anesthetic used on the person while admitted (including the date and time of administration);
 - (vi) the outcome of any treatment;
 - (vii) any adverse events the person experienced while at the facility;
 - (viii) the name of the medical practitioner in charge of the patient's care while in the facility;
 - (ix) the name of the general practitioner attending the person outside the facility;
 - (x) the date and time when the person left the facility;
 - (xi) a discharge summary;
 - (xii) if the person is transferred to another health care facility the name of that facility, the date and time of transfer;
 - (xiii) if the person died; the date, time and cause of death.

All information kept on a medical record will be accurate, legible, complete and confidential.

Records will be used to determine the health of the prison population and the effectiveness of the corrections health programs.

All medical records will be retained for minimum of seven (7) years after the closure of the record and will be stored in a secure area and be protected against unauthorised persons gaining access to those records.

8 Evaluation

The Corrections Health Program will have clear service specifications, utilise specific benchmarking measures and undertake systematic performance monitoring. It is noted that comparing this service with others in Australia may be of limited benefit due to the perception that assessment of the service would be benchmarked against the lowest common denominator i.e. health services in other Australian prisons are not of a standard comparable to best practice community facilities. Therefore, appropriate measures will be devised and information collected in relation to the costs and effectiveness of service delivery, individual, group and community outcomes. ACT Health has therefore chosen to benchmark the service against other OECD countries as well as other Australian jurisdictions.

The Corrections Health Program will seek regular feedback, in order to improve the quality of care to prisoners. The Chief Executive of ACT Health will report on corrections health in the ACT Health Annual Report.

8.1 Evaluation of the health program in the Alexander Maconochie Centre

Performance Targets for Corrections Health Services will include:

- 100 percent of medium to long term (>6 months) prisoners will have a care plan that incorporates their mental and physical health.
- Blood borne virus screening will be offered to prisoners with 100 percent of consenting prisoners screened.
- Rates of blood borne virus transmission monitored, with a goal of a reduction of the rate of transmission in the prison compared to other jurisdictions.
- 95 percent of prisoners will have a discharge plan that will incorporate a referral to a named community based service and appropriate medication until such time as that service is available to be visited.
- Number of dental occasions of service compared with the rate of tooth decay and mouth and gum disease.
- Change in health status of prisoners between remand and release.
- Numbers admitted to a methadone or other non-methadone opioid substitution program.
- Monitor the number of acute mental health episodes experienced.
- Monitor the incidence of self harm.
- The service is accredited as part of ACT Health-wide accreditation under the Australian Council of Healthcare Standards.

9 Cross referencing and further reading

9.1 ACT Health

- Aboriginal and Torres Strait Islander Regional Health Plan
- Alcohol, Tobacco & other Drug Strategy 2004-2008
- Anti-discrimination, Harassment and Bullying Policy
- Clinical Risk Management Policy
- Code of Conduct
- Disciplinary Procedures
- Draft Clinical Services Plan, 2005
- Grievance Procedures
- Hazard Management Policy
- Health Action Plan, 2002
- Incident Management Policy
- Internal Review Procedures
- OHS Policy

9.2 The Canberra Hospital

- Aggressive Behaviour Management
- Aggressive Persons
- Armed Hold-up
- Incidents - Patients and Visitors and Equipment Problems
- Internal Emergencies
- Legal Indemnity for Staff
- Nursing Management of Patients under Suspicion of Substance Misuse
- Police Interviews / Telephone and General Enquiries
- Production of Documents to Courts and/or Solicitors or Other Persons
- Risk Management
- Security Policy

9.3 Mental Health

- ACT Mental Health Strategy and Action Plan 2003-2008
- Aggression Management
- Departmental Review of the Quality Framework in Mental Health Clinical Treatment and Care Services in the ACT, October 2002
- Emergency Detention Treatment and Mental Health Orders
- Incidents Reportable to the Director of Mental Health
- Reporting and Managing Property Damage
- Restraint of Consumers
- Security Policy

9.4 Community Health

- Clinical Risk
- Incident Reporting
- Safety in the Community Setting

9.5 Other documents

The following documents were used in the research and drafting of the plan:

- 2004 Annual Surveillance Report, HIV/AIDS, Viral Hepatitis and sexually transmissible infections in Australia, National Centre in HIV Epidemiology and Clinical Research, 2004
- A New Way: The ACT Aboriginal and Torres Strait Islander Health and Family Wellbeing Plan 2005-2010, Consultation Draft, June 2005
- A Pharmacy Service for Prisoners, Department of Health (United Kingdom), June 2003
- Aboriginal and Torres Strait Islander, Health Workforce National Strategic Framework, May 2002
- Access to Needles and Syringes by Intravenous Drug Users, ACT Standing Committee on Health, 2003
- ACT Correctional Centre, Alexander Maconochie Centre, Functional Brief, March 2005
- Alcohol, drugs and crime: a study of juveniles in detention, Jeremy Prichard and Jason Payne, Research and Public Policy Series No. 67, Australian Institute of Criminology, 2005
- ANCD Research Paper 7 "Dealing with risk: a multidisciplinary study of injecting drug use, hepatitis C and other blood-borne viruses in Australia." Australian National Council on Drugs, 2003.
- ANCD Research Paper 9 "Supply, demand and harm reduction strategies in Australian prisons: implementation, cost and evaluation". Australian National Council on Drugs, 2004.
- Changing the Outlook: A Strategy for Developing and Modernising Mental Health Services in Prisons, Department of Health (United Kingdom), December 2001
- Cultural Issues in the Architectural Design of Indigenous Custodial Facilities, 1999
- Dolan, K., Rutter, S. & Wodak, A. (2003). Prison-based syringe exchange programmes: a review of international research and development. *Addiction* 98, 153-158
- Draft Policy Guidelines for the Provision of Indigenous Custodial Health, August 2004
- Good Medical Practice for Doctors providing Primary Health Care Services in Prison, Department of Health (United Kingdom), January 2003
- Guidance on Developing Prison Health Needs Assessments and Health Improvement Plans, Department of Health (United Kingdom)
- Health Care and Change Management in the Context of Prisons, April 2002
- Health Promoting Prisons – A Shared Approach, Department of Health (United Kingdom), 2001
- Help Us Decide, Building Better Health Services, Department of Health (United Kingdom), 2004
- Human Rights Audit of Quamby Youth Detention Centre, Human Rights and Discrimination Commissioner, ACT Human Rights Office, June 2005
- Indigenous young people with cognitive disabilities and Australian juvenile justice systems, Aboriginal and Torres Strait Islander Social Justice Commissioner, Human Rights and Equal Opportunity Commission

- Lines, R, Jürgens, R, Betteridge, G, Stöver, H, Laticevschi, D, Nelles J, Prison Needle Exchange: Lessons from a Comprehensive Review of International Evidence and Experience, 2004
- National Hepatitis C Strategy 2005-2008
- National HIV/AIDS Strategy 2005-2008
- National Sexually Transmissible Infections Strategy 2005-2008
- Poroch, N; *“You Do The Crime, You Do The Time – Best Practice Model of Holistic Service Delivery for Aboriginal and Torres Strait Islander Inmates of the ACT Prison”*, Winnunga Nimmityjah Aboriginal Health Service, June 2007
- Prison Health Development Network, Key Themes and Case Study Reports, Health Services Management Centre, The University of Birmingham, June 2004
- Prison Health Handbook, Department of Health (United Kingdom), January 2003
- Prison Needle Exchange: Lessons from a Comprehensive Review of International Evidence and Experience, Canadian HIV-AIDS Legal Network, 2004
- Prison-Based Syringe Exchange Programs – Discussion Paper, Australian Injecting and Illicit Drug Users League
- Proposed National Statement of Principles for Forensic Mental Health, 2003
- Report of the Working Group on Doctors Working in Prisons, Department of Health (United Kingdom), 2001
- Review of Health Services provided to Offenders and Remandees in Custodial Settings in the ACT, KPMG Consulting, September 2002
- Rutter, S., Dolan, K., Wodak, A., & Heilpern, H. (2001). Prison-based syringe exchange: a review of international research and program development. Sydney: National Drug and Alcohol Research Centre
- Scottish Prisons, Dental Health Survey, 2002
- Sign Posting to Prison Health, Health Services Management Centre, The University of Birmingham, November 2004
- Standard Guidelines for Corrections in Australia, 2004
- Status Paper on Prisons, Drugs and Harm Reduction, W.H.O. May 2005
- Strategy for Modernising Dental Services for Prisons in England, Department of Health (United Kingdom), April 2003
- The 2001 New South Wales Inmate Health Survey, Corrections Health Service (NSW), 2001
- The forgotten victims of crime: families of offenders and their sentence, Standing Committee on Community Services and Social Equity, June 2004
- The Future Organisation of Prison Health Care, Prison Service (United Kingdom) and Department of Health (United Kingdom), March 1999
- The HR in the NHS Plan, A Prison Health Workforce Perspective and Briefing, Department of Health (United Kingdom)
- Victorian Prisoner Health Survey, Deloitte Consulting, 2003