



Public Health Association
AUSTRALIA

Conference Resolutions

**Justice Health in Australia:
Beyond the Convict Era**

Meeting Challenges for the 21st Century



The attendees of the Public Health Association of Australia (PHAA) Justice Health Conference in Melbourne on the 6-7 April 2009 agreed for the need for immediate action to improve health across justice systems in Australia.

The following resolutions and recommendations were developed and adopted by all conference delegates. Resolutions were developed in workshop sessions over the two days of the conference and endorsed by the combined group of delegates on the final day. Resolutions are numbered in order of their adoption by delegates – this does not reflect an order of priority, however they are grouped under particular topic areas within the conference program.

We now call on Governments, Non-Government Organisations and individuals to do all within their power to ensure effective implementation.

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RESOLUTIONS/RECOMMENDATIONS: DAY ONE

Blood borne viruses, tobacco, other drugs and lifestyle diseases

1. Adopt national targets for reducing incarceration rates, with a particular emphasis on ‘closing the gap’ between Indigenous and non-Indigenous Australians in terms of incarceration, through increased resourcing of diversion programs and similar initiatives.
2. Adopt a national harm minimisation framework, consistent across all jurisdictions, which includes all harm minimisation strategies and programs available in the community with demonstrated efficacy including opioid replacement therapies and Needle and Syringe Programs (NSPs).
3. Equity of access to education, prevention, treatment, care and aftercare programs – equitable within and across jurisdictions and equitable with the health care system in the community, including availability of Pharmaceutical Benefits Scheme (PBS) and Medicare.
4. Adoption of broad-ranging and far-reaching education targets incorporating education of the following stakeholders:
 - (i) Community – ‘prisoner health IS public health’;
 - (ii) Prison staff, both corrections and health – increased training/education options; and
 - (iii) Peer educators – national accreditation program – accredited peer educator available in every prison.

Issues for Indigenous Australians; transition to community and continuity of care; and advocacy

1. Research and data into prisoner health and an evidence-based approach to the development of best-practice models (including a focus on: quantitative and qualitative studies; social determinants; user-lead approaches; and research targeted to at-risk groups like young Indigenous women).
2. Strategic responses to challenge current perceptions in both the political and community spheres (including a focus on educating these groups and facilitating community transition).
3. Adequately resourced alternative options outside prison (including diversion and treatment options; a focus on strengthening family groups; and supporting Koori Courts).

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4. Incarceration of people with drug addiction, mental health problems and intellectual disabilities is not supported where it increases and exacerbates harm to individuals and communities (consideration of alcohol and other drug and mental health problems and intellectual disabilities as health not justice issues).
5. Elevating baseline community health care standards (reducing difference between ‘haves’ and ‘have-nots’) – acknowledging the impact on incarceration rates:
 - (i) Focus on holistic, well-resourced, culturally-appropriate, equitable, connected, community-oriented and effective prevention and diversion programs (including a focus on women as an at-risk group with higher mortality rates post-release).
6. Expansion of Aboriginal Community-Controlled Health Services (ACCHS), incorporating a focus on both health and community and increased linkages between ACCHS and corrections (e.g. in line with the Aboriginal Community Corrections Plan Framework and an increased emphasis on implementing the recommendations of the Royal Commission into Aboriginal Deaths in Custody):
 - (i) Contracting ACCHS to provide health services in the custodial setting and assist with transition to community post-release.
7. Indigenous holistic health focus – a focus on social determinants and context in both policy and program planning (recognising factors like colonisation, stolen generations, inter-generational trauma, importance of connection to land - with a formal Treaty).
8. Effective whole-of-government and whole-of-community approach to prevention, intervention and aftercare (design of policy and programs in justice health).
9. Family-friendly focus – need to support families to facilitate transition to community (e.g. use of new technologies such as video-conferencing to connect families in remote areas).
10. Needle and Syringe Programs (NSPs) in prisons – need to consider implementation across jurisdictions.

Industry, employment and economic imperatives; and health services and planning

1. Respect Australia’s international and human rights obligations.
2. Recognise and respect the role and contribution of staff in the justice system.
3. Develop new models of care and prevention focused on:
 - (i) An understanding of the social determinants of health;

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- (ii) Culturally appropriate health service planning and delivery;
 - (iii) Mental health and Oral health;
 - (iv) Maintaining connection with family; and
 - (v) Allowing choice of small group of peers within prison.
4. Adopt a “continuum of care” approach from initial contact to beyond the sentence that includes:
- (i) Diversion as the preferred option;
 - (ii) Prevention;
 - (iii) Education;
 - (iv) Health;
 - (v) Training; and
 - (vi) Employment.
5. Data collection and research:
- (i) Transparent; and
 - (ii) Standardised.
6. Any new prison should be built and managed to a humane scale (prisons approaching a thousand inmates do not meet this criteria).

RESOLUTIONS/RECOMMENDATIONS: DAY TWO

Prevention, early intervention and sexual health

1. PHAA to engage with other sectors impacting on health outcomes.
2. Increasing engagement with young people in the community who are at risk; testing, follow up, awareness (using technology and social networks) - enhanced access.
3. National guidelines for blood-borne viral infection (BBVI) screening – periodic and follow up within the corrections system.
4. National availability of condoms, dams, lubricants – adult and juvenile facilities.
5. Provision of counselling and support for victims of sex assault, violence (prior to/or in the system).

Mental Health and Co-morbidity Issues

1. Health – as defined by World Health Organisation (WHO), being not just the absence of illness but a state of wellness.
2. Develop Best Practice National Standards / Development of a National Mental Health Act to govern healthcare in prisons for mental health and drug treatment.

Pre-prison / Prevention

1. Recognitions of the complexity of the issues:
 - (i) Co and multiple morbidity; and
 - (ii) Brain injury.
2. Training & education that is broad & integrated - police, custodial and judicial officers.
3. Youth / early intervention options that are safe and acceptable.
4. Advocacy for prisoners and programs.

Prison

1. Access to prisoners for prison health services:
 - (i) Engagement of prisoners in decision making;
 - (ii) Appropriate training for custodial/judicial/health officers; and
 - (iii) Timely and appropriate treatment.
2. Culturally sensitive, linguistically appropriate services acknowledging:

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- (i) Multiple Indigenous issues; and
 - (ii) Culturally and Linguistically Diverse (CALD) needs.
3. Family Support that ensures access to visits &/or video conferencing where not available
 4. Treatment that is provided in the prison environment is provided by Health Services, not Corrective Services – this should be an integrated health system that includes psychological services, education etc.

Transition

1. Support networks;
2. Employment;
3. Access to appropriate and continuing health services;
4. Housing; and
5. Specifically funded transition programs.

Alternatives

1. Questioning whether prison is the right place for mental health patients?
2. Diversion Programs:
 - (i) For intellectual disability;
 - (ii) Removing criminalisation of disadvantage (i.e.: unpaid fines); and
 - (iii) Increasing community capacity to deliver.
3. Alternative options to incarceration:
 - (i) Early intervention – expansion of community services addressing co / multiple morbidity; and
 - (ii) Involvement of family and community support.

Indigenous Australians and targeted interventions for at-risk groups

1. Services to be culturally-relevant (more Indigenous staff and cultural competence training for non-Indigenous staff and prisoners).
2. Audit of research/reports/interventions (consolidate data/knowledge) – identify gaps in knowledge/evidence.
3. Importance of ‘selling the message’ – challenging community perceptions/expectations.

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4. Research (gender-appropriate, support for interviewees, cultural safety, capacity-building e.g. peer research):
 - (i) Ethics (e.g. National Health and Medical Research Council guidelines) – national framework on research ethics and health and criminal justice ethics committee development;
 - (ii) Methods – quantitative and qualitative research and feedback to communities; and
 - (iii) Reviews of research – need for clearinghouse and best-practice intervention focus.
5. Needle and Syringe Programs (NSPs) – NSPs in prisons on trial basis; NSPs in Aboriginal Community Controlled Health Organisations:
 - (i) Sterile tattooing – establishment of trial programs to develop evidence base.
6. Working with the media to challenge public perceptions (education of communities on key issues).
7. Establishment of a National Justice Health Body – strong Indigenous focus with broad membership, inclusive of a range of perspectives:
 - (i) Focus on media priorities and funding;
 - (ii) Closing the gap on Indigenous incarceration rates;
 - (iii) Multi-pronged strategies and focus;
 - (iv) Establishment of top-down national priorities/targets – ‘something with teeth’; and
 - (v) Administering funding.
8. ‘No additional new prisons’ principle – increased alternatives and diversion focus.
9. Racism – recognition of institutionalised racism and development of strategies to address it.
10. Ensuring adequate community participation in service development to ensure participation in new initiatives.