

# SPRINT

## qualitative findings

Dea Delaney-Thiele AMSWS  
Jane Lloyd UNSW  
on behalf of *SPRINT* team



*Services and  
Primary health care needs for  
Recently released  
Inmates in  
Need of  
Treatment and health management*

Aboriginal Medical Service  
Western Sydney



# Acknowledgements

- **Aboriginal Medical Service Western Sydney:** Kathy Malera Bandjalan, Sheilah Hure, Leanne Schuster, Louise Moore, Joyce Davidson
- **University of New South Wales:**, Eileen Baldry, Elizabeth McEntyre, Devon Indig, Mark Harris
- **University of Western Sydney:** Penny Abbott, Jenny Reath
- **University of Technology Sydney:** Juanita Sherwood
- **The Australian Primary Health Care Research Institute** for funding the study





# Why are Aboriginal people over represented in prison?



- 2% of the population but 27% of the prison population
  - ongoing impact of colonisation
  - disconnection from community
  - less access to education, employment, housing
  - higher rates of mental illness, chronic illness, substance abuse, poor life skills
  - systemic racism can increase the likelihood of arrest of Aboriginal people for minor offences, and also increase the probability of a prison sentence as a result of an arrest.





# Context

- Aboriginal people are more likely to
  - serve short sentences < 6 months
  - high rates of remand (@30%)
  - high rates of recidivism
- This creates a particular kind of disadvantage where many Aboriginal people cycle in and out of prison from a young age.



# Definition of health and mental health





## SPRINT aim and methods



- AIM: to identify how primary health care services can better meet the health and social support needs of Aboriginal Australians transitioning from the prison to the community with a view to reducing reincarceration and improving quality of life.
- METHOD:
  1. systematic literature review – what's been written

2. causes of hospitalisation  
former inmates

3. spoke to former among  
inmates, families and  
community service providers



## Qualitative methods

- Thirty interviews were conducted between September 2012 and February 2013
- 12 Aboriginal people who had been in prison
- 10 family members
- 8 service providers
- Thematic analysis
- Considered findings in light of Throughcare and Human Rights

# Throughcare



- ‘ensures continuous care is delivered in an integrated and seamless manner from the moment a prisoner enters custody and continues once the prisoner is released into the community’

NSW Corrective Services



# Human rights

- Human rights are fundamental, inherent, inalienable, universal, indivisible and interrelated
- Duty bearers (usual government) and right holders (usually citizens) are important concepts
- International Covenant on Economic, Social and Cultural Rights specifies the Right to Health and includes access to primary health care is a core obligation
- Indigenous people have the right to specific measures to improve their access to health services that are culturally appropriate.

# Findings



# What we noticed about our participants

- Former inmates

- A pattern of incarceration emerged
- ‘Since 2002 up until now, I’ve spent the last nine years, every Christmas, every birthday [in prison] since then’

Aboriginal man late 20s, former inmate

- Remand is particularly traumatising
- ‘I was on remand so I couldn’t do education courses, I couldn’t do anything to prepare myself for the getting out stage... there was no... clarification I was going to get a sentence and for how long.’ Aboriginal man early 40s, former inmate

# Family members

- Included siblings, parents, aunts, partners or children of former inmates.
- Where a family member was an aunt (2), sister (2) or mother (3) they were more aware of the services their relative needed and had accessed
- Children (1) and partners (2) were less able to provide information about the services their relative had accessed in custody and on release.
- Two of the family members were supported two relations who had been in custody. One was a sister who had two siblings in prison with mental health problems, the other was a mother who had two sons in prison on short sentences.

# Access to health services

- We found that effective access to primary health care on release and during transition is positively influenced by appropriate health care in custody and planning for release while in custody.
- Therefore three stages needing different approaches:
  - in custody (addressing health issues such as chronic disease, mental illness and day to day illness);
  - pre-release (building communication between health care providers in custody and those in the community); and
  - primary health care in the community upon release.

# In-custody

- Mental health reliance on medications
- Suicide-watch is traumatic and a barrier to seeking care
- Family members were not involved in health care decisions affecting inmates, but felt this was important to their relatives' healing and supporting continuity of care from custody to the community



# Pre-release

- Discharge planning and communication was variable and hampered by the lack of access to Medicare.
- Uncertainty regarding release dates meant that discharge summaries are not always written and a week's supply of medication is not always provided to inmates on release
- This contributes to a lack of continuity of care and places additional pressure on inmates and family members to identify their immediate needs and establish their own links with community services.



# Post-release

- Being released from custody is a time of high emotional stress for former inmates and their families
- Family members felt unsupported while trying to help their relative adjust to community life, deal with drug use, aggression or mental health issues





WHO CAN TRANSITIONING  
PEOPLE TALK TO ABOUT  
WHAT'S WORRYING THEM  
ABOUT RE-ENTERING THE  
COMMUNITY ?

• SOCIAL WORKERS

WHERE CAN THEY LEARN  
SKILLS TO SUCCESSFULLY  
TRANSITION ?

PRESSURE PUT ON FAMILIES  
TO ACT AS TEACHERS.

“IT'S TERRIBLE WHAT THEY DO...”

CATASTROPHIC LACK OF

**SUPPORT**



# Conclusions

- Main barriers to accessing primary health care on release
  - Structure and processes of Corrective Services, e.g. short sentences
  - No clear duty bearers during transition, makes it difficult to know how to build capacity and hold governments accountable to their obligations
  - Throughcare isn't always realised in practice which limits access to primary health care services on release and during transition, leaves former inmates and their families feeling unsupported, and increases the risk of re-incarceration.
- Supports
  - Family members can act as important brokers to accessing primary health care services
  - Good case managers.

# Conclusions

- Transitional support is needed for Aboriginal people released from custody. It needs to be
  - Immediate
  - Systematically available to all, regardless of the length of the incarceration or the nature of release.
- Transitional support needs to:
  - Include access to emotional, informational and instrumental support
  - Be comprehensive and continue for at least six months.

# Recommendations

- **Evaluate the effectiveness of existing throughcare programs**
- Commence **reception and discharge planning** as soon as a person enters custody, regardless of whether they are sentenced or on remand
- Either expand the duty of care of corrective services needs to cover a **transition program** or support community agencies to provide in-reach and facilitate release planning
- Expand the role of primary health care to:
  - provide ‘in-reach’ services into prisons
  - contribute to release planning and
  - provide pre and post release support.
- ACCHS are well placed to provide wide-ranging services for Aboriginal people in custody and post release.

# Medicare Items

- We recommend changes to the Commonwealth Health Insurance Act 1973 to **allow the provision of services under Medicare for prisoners**
- Three Medicare items would be particularly helpful for throughcare:
  - 1) If GPs could charge Medicare for discharge planning;
  - 2) items for case conferencing in the community could be used to formulate a health care plan for former inmates released from custody;
  - 3) expansion of the Adult Health Check.

# Questions and Discussion

