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SENATE, COMMUNITY AFFAIRS  
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SUICIDE IN AUSTRALIA

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**SUICIDE IN HIGH RISK GROUPS –  
FORENSIC MENTAL HEALTH AND  
THE CRIMINAL JUSTICE SYSTEM**



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## SUMMARY

This submission to the Inquiry into Suicide in Australia established by the Australian Senate, Community Affairs References Committee, is made by the Victorian Institute of Forensic Mental Health. It has been prepared considering the terms of reference.

Although not specifically mentioned in the terms of reference as a high risk group, Forensicare believes that prisoners, particularly those with a mental illness or personality disorder, are a high risk group in terms of suicide.

Historically, suicide and self harming behaviour in prisons has been a serious issue for Governments and policy makers worldwide. In Australia, an alarming increase in Aboriginal deaths in custody in the 1980's led to the Royal Commission into Aboriginal Deaths in Custody and the subsequent release of a report (tabled in 1991), that contained 339 recommendations for nation-wide implementation.

While imprisonment in itself is regarded as a stressor, the level of stress is heightened in the period immediately at and following reception into prison. This is a time when prisoners are regarded as being particularly vulnerable and in need of targeted programs and support. This submission will detail the mental health prison reception program that have been put in place in Victoria by Forensicare clinicians, working in close collaboration with correctional management and more recently the Department of Justice, Justice Health Unit, to identify vulnerable people with special needs and those at risk of suicide, and the services that are then provided.

Although it is well documented that prison suicide occurs at a rate that is far greater than in the general community, there has been little research attention given to this issue over the past ten years. The large amount of research work that was undertaken in the 1980's and 1990's leading up to and following the Royal Commission into Aboriginal Deaths in Custody has not continued. This is an area of considerable importance to Governments nationally and internationally, and a range of newly identified factors that may impact on suicide rates in prison require close investigation.

The following terms of reference are addressed -

- (f) the role of targeted programs and services that address the particular circumstances of high-risk groups
- (g) the adequacy of the current program of research into suicide and suicide prevention, and the manner in which findings are disseminated to practitioners and incorporated into government policy.

## INTRODUCTION

The Victorian Institute of Forensic Mental Health, known as Forensicare, is a statutory agency that is responsible for the provision of adult forensic mental health services in Victoria. Forensicare, which was established in 1997, is governed by a ten member Council that is accountable to the Minister for Mental Health. In addition to providing specialist clinical services through inpatient, prison and community programs, Forensicare is mandated (under the *Mental Health Act 1986*) to provide research, training and professional education.

The specialist clinical services provided by Forensicare include -

- . Inpatient services - Thomas Embling Hospital, a 118 bed, secure inpatient hospital located in suburban Melbourne (6K from the CBD),
- . Prison services - within the male prison system we provide a 16 bed Acute Assessment Unit for prisoners thought to be mentally ill, specialist clinics, outpatient services and a reception program at Melbourne Assessment Prison (the statewide reception prison for males); a 20 bed residential program, intensive outreach program and therapeutic day program for women at Dame Phyllis Frost Centre (the main prison for women in the state), and consultant psychiatrist services to the larger state managed prisons, under a contract with the Department of Justice, Justice Health Unit.
- . Community services - within our Community program we provide four specialist programs - Community Forensic Mental Health Program, Court Services, a Problem Behaviour Program (for people with a range of 'problem behaviours' that have led, or may lead, to offending) and a Community Integration Program (supporting prisoners with a serious mental illness on their transition to the community).

Our patients and clients are primarily people with a serious mental illness who have offended and subsequently been sentenced by the courts to either imprisonment or ordered to receive inpatient or community treatment and care. A large proportion of the patients at Thomas Embling Hospital (61%) have been found not guilty or unfit to plead on the grounds of mental impairment and ordered by the court to be detained for care and treatment. Other Thomas Embling Hospital patients have been transferred from the prison system as an involuntary patient and are returned to the prison system when/if they regain their health. At 31 October 2009, 30 of the 118 patients at Thomas Embling Hospital had been transferred from the prison system for care and treatment.

Forensicare was established to achieve –

- . improved quality of services in forensic mental health
- . increased level of community safety
- . better community awareness and understanding of mentally disordered offenders
- . increased specialist skills and knowledge
- . policy advice, service planning and research that contributes to the improved delivery of mental health services

## **FORENSIC MENTAL HEALTH – A SPECIALIST MENTAL HEALTH FIELD**

Forensic mental health is a specialist area within the mental health field that provides care and treatment to people within the criminal justice system who have a serious mental illness. It addresses the special needs of mentally disordered offenders, the justice sector and the community, while providing effective assessment, treatment and management of forensic patients in appropriately secure settings.

Traditionally forensic psychiatry was concerned solely with providing long term containment for the 'criminally insane' and providing assessments and opinions to courts on an individual's state of mind. Over the past two decades, however, there has been an almost total transformation of what has become known as forensic mental health services.

The management and treatment of people with a mental disorder in the criminal justice system are now just as central to a forensic service as to any other mental health service. Forensic inpatient services are no longer primarily psychiatric prisons, but hospitals designed to provide quality care, rehabilitation and eventual reintegration into the community.

As with other mental health services, the forensic mental health system now provides a comprehensive range of services, ranging from secure inpatient facilities, to provision of mental health services within the prison system, and community oriented, community based services and court services (including providing assessments, and on occasion, advice on management). In summary, a modern forensic mental health service provides treatment and care to offenders and alleged offenders sent to a psychiatric hospital by the courts, to prisoners, to individuals for whom the courts have mandated psychiatric treatment and to patients deemed to present an imminent risk of serious offending.

## TERMS OF REFERENCE - RESPONSE

Research consistently confirms that suicide is a longstanding, critical issue for correctional authorities and the providers of mental health services within prisons. Worldwide, prisoners are regarded as a high risk group in respect to suicide – this is a view that is widely accepted and noncontroversial<sup>1</sup>.

As a specialist mental health agency, this submission will address the terms of reference that have most relevance to our service provision within the prison system in Victoria.

(f) the role of targeted programs and services that address the particular circumstances of high-risk groups.

Worldwide, the rate of suicide within prisons is distressingly high. Prisoners have a considerably higher rate of suicide than that of the general community<sup>2</sup>, and there is some evidence that rates of suicide are increasing, even in places where the numbers of prisoners are decreasing<sup>3</sup>. Although now quite dated, the following 1999 comparative ‘snapshot’ of prison:community suicide rates highlights the prevalence and the high risk of suicide within prisons<sup>4</sup> –

### INTERNATIONAL SUICIDE RATES BOTH IN PRISONS AND THE COMMUNITY

Country	Approx. Rate per 100,000 in prison	Rate per 100,000 in community
Australia	155	24.1
Canada	94	26.9
United Kingdom	116	14.2
Netherlands	105	19.6
New Zealand	89	29.4
United States	140	23.7

<sup>1</sup> Howell K, Hall G, Day A, The Management of Suicide and Self-harm in Prisons: Recommendations for Good Practice, Australian Psychologist, November 1999: 157-165

<sup>2</sup> Snow L, Paton J, Oram C, Teers R. Self-inflicted deaths during 2001: an analysis of trends. The British Journal of Forensic Practice, 2002, 4(4): 3-17

<sup>3</sup> Fruehwald S, Frottier P. Suicide in prison. Lancet, 2005, 366: 1242-1244

<sup>4</sup> Hansard R, Custodial Suicide: An International and Cross-Cultural Examination, Crime & Justice International, Sept 2000, 7-8, 29-30

The reason for this phenomenon is the subject of considerable debate. It is however, undeniable that people in prisons generally have poor health and mental health profiles and include vulnerable groups that traditionally have the highest risk of suicide – eg. young males, the socially disenfranchised and isolated, people with substance use problems and those who have previously displayed suicidal behaviours. In addition, the psychological impact of imprisonment and the daily stressors associated with the prison environment are challenging to even the most robust of prisoners<sup>5</sup>.

In Victoria, Forensicare, as a prison mental health provider, and Corrections Victoria accept the shared responsibility they have for protecting the mental health and safety of the prison population and have adopted initiatives to identify and manage those at risk of suicide or self harm. As the early stage of a prison sentence has been identified as a time when there is an increased risk of suicide<sup>6</sup>, a comprehensive reception assessment program has been developed and operates at the Melbourne Assessment Prison (the reception prison for male prisoners in Victoria). Initially introduced in 1997, the program, which consists of comprehensive correctional and mental health assessment components, is subject to ongoing monitoring and review.

While all prisoners received into custody have participated in a detailed correctional and health assessment since the program commenced, only those prisoners with specific identified risks were assessed by a mental health clinician prior to 2002. These risk categories were people –

- . entering prison for the first timer
- . who were Aboriginal or Torres Strait Islanders
- . with an alcohol or substance abuse history
- . with a previous psychiatric history
- . who had gained notoriety for involvement in a high profile case
- . who had breached a Domestic Violence Intervention Order
- . with known prior suicide attempts/history
- . who were generally vulnerable within the prison system (eg youth, transgender, intellectual disability, protection prisoners)

The program was amended in 2002 to ensure that all male prisoners received into custody were assessed by a Forensicare clinician to determine their mental health status, suicide risk and general vulnerability within the prison system. This detailed mental health assessment is conducted as part of the overall prison reception program.

The assessment tool used in the program, which is designed by Forensicare clinicians, is based on clinical based evidence that supports the use of a structured clinical judgement tool to assist clinical decision making. The tool enables clinicians to obtain relevant information – eg. social networks, education, violence issues, psychiatric history, substance use, suicide risk – and develop an individually structured clinical plan. It is not a statistical tool. All assessments are conducted by a mental health professional, most usually a mental health nurse.

The survey tool is reviewed annually by Forensicare and amended accordingly. It is important that the assessment tool be subject to regular review to take account of contemporary clinical based research findings.

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<sup>5</sup> Department of Mental Health and Substance Abuse, World Health Organisation, Preventing Suicide in Jails and Prisons, 2007

<sup>6</sup> Crighton D. & Towl G, 'Self-inflicted deaths in prison in England and Wales: An analysis of the data for 1988-90 and 1994-95', in G. Towl (ed.), Suicide and Self-Injury in Prisons, 1997, The British Psychological Society, Leicester, 12-20.

The improved screening process has been successful in identifying 'at risk' prisoners who are mentally unwell, and at risk of suicide, self harm/ interpersonal violence. When prisoners are identified with these risks, appropriate clinical steps are taken to ensure relevant care and treatment is provided. In Victoria, where risks are indicated, Forensicare clinicians make recommendations to Corrections Victoria on the placement of the prisoner within the prison, and commence appropriate mental health care.

The assessment program in Victoria has had extremely positive outcomes in terms of identifying and managing self harm and reducing suicide at the vulnerable point of entry to the prison system. It operates as a collaborative program, and the outcomes are the result of a close working relationship between skilled prison officers and mental health clinicians. The participation of mental health practitioners is vital to the success of this team program. Prisoners are often reluctant to discuss suicidal ideation with correctional staff, and the presence of mental health staff during the reception process increases the likelihood that at risk prisoners will be identified.

In addition to having targeted programs at the early stage of a prison sentence, mental health screening and management programs are required for high risk prisoners at other vulnerable times during their period of imprisonment<sup>7</sup>. Specific at risk groups - people with mental health difficulties, drug and alcohol misusers, violent offenders and those who are generally excluded from mainstream mental health services (eg. people with a personality disorder) - require ongoing programs throughout their prison sentence.<sup>8</sup>

The period immediately following an offenders release from prison is another critical point in terms of suicide risk. It is identified as a time when the suicide rate is even higher than during a period of imprisonment<sup>9</sup>. Previous research indicated that this was particularly so for women.<sup>10</sup> More recently, it has been found that in some groups of prisoners, death from all causes in the two weeks following release from prison was 17 times higher than in the general population. While the major causes of these deaths are associated with drug and alcohol misuse, it indicates that there is a critical need for treatment services to be provided both for prisoners and ex-prisoners.<sup>11</sup>

In 2006 Forensicare established a Community Integration Program to address the special needs of prisoners and remandees with a serious mental illness being released from prison. Initially established as a small pilot program operating from the Melbourne Assessment Prison, it has subsequently been reviewed and extended to operate from another prison. The focus of the program is to provide initial support immediately prior to, and following, release from custody, and ensure that individual needs are identified and appropriate individual links made to community agencies.

While the Community Integration Program currently only operates from two male prisons in Victoria, the data collection systems developed indicate that the longer term effects of the program support further expansion. The evaluation and data confirms positive outcomes in relation to

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<sup>7</sup> McArthur M, Camilleri P, Webb H, Strategies for Managing Suicide & Self-harm in Prison, No. 125, Trends and Issues in Crime and Justice, Australian Institute of Criminology, 1999

<sup>8</sup> Crighton D, 'Suicide, Attempted Suicide and Self-injury in Prison' in Wilson S & Cumming I (eds), Psychiatry in Prisons, 2009, Jessica Kingsley Publishers, UK

<sup>9</sup> Pratt D, Piper M, Appleby L, Webb R, Shaw J, Suicide in recently released prisoners: a population-based cohort study, Lancet, 2006, 368, 119-123

<sup>10</sup> Davies S & Cook S, Women, Imprisonment and Post-Release Mortality, Just Policy, No. 14, November 1998

<sup>11</sup> White P, Whiteford H, Prisons: mental health institutions of the 21<sup>st</sup> century?, Medical Journal of Australia, 185(6) 302-303.

engagement with local area mental health services, substance use, accommodation and recidivism. These local engagement issues in turn improve outcomes in terms of suicide risk. Forensicare will continue to seek funding to expand the program.

(f) the adequacy of the current program of research into suicide and suicide prevention, and the manner in which findings are disseminated to practitioners and incorporated into government policy.

While there was considerable research conducted into suicide in prison in Australia in the late 1990's, there has been little attention given to this matter over the past ten years. Forensicare and our collaborative research partner, the Centre for Forensic Behavioural Science (an independent research, teaching and practice development agency established jointly by Monash University and Forensicare), believe that the current level of research conducted into suicide in the criminal justice system is inadequate.

With the number of prisoners in Australia increasing at unprecedented levels, it is vital that research into suicide and self harming behaviour within the criminal justice system be conducted to inform Government decision making. Specific issues in relation to women, the personality disordered and people with a multi-cultural background are specific areas that require close investigation.