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9 March 2006

Committee Secretary
Senate Finance and Public Administration Committee
Department of the Senate
Parliament House
CANBERRA ACT 2600

Dear Secretary,

Further to the telephone call earlier this week from Sue Briggs, our Senior Policy Adviser, we are enclosing a submission for the Inquiry into the Electoral and Referendum Amendment (Electoral Integrity and Other Measures) Act 2005.

We understand that our submission is being lodged beyond the advertised closing date, and we appreciate your willingness to accept it at this late stage. We only became aware of the inquiry at the beginning of the week, but believed that we should raise the impact that the Committee's deliberations on prisoner voting would have on the high proportion of prisoners with a mentally illness.

Please do not hesitate to contact us if you require any further information on this matter.

Yours sincerely,

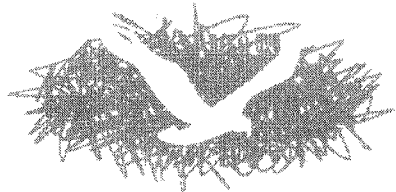
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SUBMISSION TO THE SENATE FINANCE
AND PUBLIC ADMINISTRATION COMMITTEE –

INQUIRY INTO THE ELECTORAL
AND REFERENDUM AMENDMENT
(ELECTORAL INTEGRITY AND OTHER
MEASURES) BILL 2005

**THE ROLE OF VOTING IN ACHIEVING
A SUCCESSFUL COMMUNITY
TRANSITION FOR PRISONERS**



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SUMMARY

This submission to the Senate Inquiry into the Electoral and Referendum Amendment (Electoral Integrity and Other Measures) Bill 2005 is made by the Victorian Institute of Forensic Mental Health, and addresses the following legislative amendment that is being considered by the Inquiry –

. amend the voting entitlement provisions so that all prisoners serving a sentence of full-time detention will not be entitled to vote.

This submission will make both a general point about the likely impact on prisoner rehabilitation, and a more specific point on the impact of this proposed amendment on the high proportion of people with a mental illness in the prison system. The situation in Victoria will be used as the basis for discussion.

It is well accepted that public safety is best served by prisoners becoming functioning members of society on their release from prison, and the importance of this cannot be over emphasised. Anything which facilitates such reintegration should be encouraged. Anything which in any way increases the sense of alienation from the community should be avoided. The proposed amendment to the voting criteria will further emphasise to prisoners their separation from, and rejection by, the mainstream community. As such, it will make its own contribution to making reintegration back into the community less likely, and reoffending more likely.

INTRODUCTION

The Victorian Institute of Forensic Mental Health, known as Forensicare, 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 Health. In addition to providing specialist clinical services through an inpatient and community program, Forensicare is mandated (under the *Mental Health Act* 1986) to provide research, training, professional education and services to victims.

Clinical services provided include an 100 bed secure facility, the Thomas Embling Hospital, a prison service providing acute assessment and treatment for prisoners with a mental illness, together with a community program that focusses on the assessment and treatment of offenders and potential offenders with a severe mental illness and people whose behaviours pose a high risk to the community. A Court Liaison Service provides court-based assessments.

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

BACKGROUND - FORENSIC MENTAL HEALTH

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

RESPONSE TO PROPOSED AMENDMENT

As a specialist mental health provider, this submission will focus on the following proposed amendment which would impact, in varying degrees, on the successful community transition of prisoners and the specific mental health rehabilitation and community reintegration of prisoners with a mental illness -

amend the voting entitlement provisions so that all prisoners serving a sentence of full-time detention will not be entitled to vote, but may remain on the roll, or if not enrolled, apply for enrolment.

The needs of prisoners with a mental illness, both in terms of their ongoing requirements and their rehabilitation, vary and are often more complex than those of their mainstream counterparts. In addressing these needs, it is important to acknowledge that there are a significant number of people in prison with a mental illness, and that this number is increasing¹.

Prevalence of Mental Illness Among Australian Prisoners

For some time, prison and mental health workers in Australia have believed that a high proportion of the prison population have a mental illness. An increasing number of research studies conducted both overseas and within Australia have confirmed this belief.² A recent Australian study confirmed a prevalence rate of mental illness among prisoners that is significantly higher than that found in the community.³ Based on a compilation of all existing relevant data sets in Australia, the study concluded that the best estimate of the prevalence of Australian prisoners with a mental illness was -

PREVALENCE OF AUSTRALIAN PRISONERS WITH A MENTAL ILLNESS

¹ Ogloff, James R P, Identifying and Accommodating the Needs of Mentally Ill People in Gaols and Prisons, Psychiatry, Psychology and the Law, Vol.9, No.1, 2002.

² Ogloff, James R P, ibid

³ Mullen P E, Holmquist C L, Ogloff J R P. National Forensic Mental Health Scoping Study, 2004

Major mental disorder (psychosis)	8% m.	15% f.
Schizophrenias	5% m.	6% f.
Personality disorders	39% m.	49% f.

The community prevalence of schizophrenia, for example, highlights the high levels of the illness in the Australian prison system – within the general community, people with schizophrenia make up between 0.5% and 0.7% of the Australian population.⁴ A study conducted in the Victorian prison system in 2003 confirms a similar story. The Victorian study found a mental illness prevalence rate of 17% among remand prisoners, 8-10% among sentenced prisoners and 30% among women prisoners.⁵

The situation that currently exists in Australia is not dissimilar to that experienced and reported in overseas jurisdictions. In 1999 the U.S Department of Justice estimated that 16% of the U.S. prison population had a serious mental illness.⁶ This figure of course would be much higher if all mental illnesses were included, rather than limiting the estimate to those with a ‘serious’ mental illness.

In summary, there is an increasing prison population, and a rate of mental illness among this population that is significantly greater than the general community.

Rehabilitation Needs of Prisoners with a Mental Illness

The successful rehabilitation of all prisoners relies on maintaining or establishing community links to achieve reintegration. These aspects assume an even greater need when negotiating a successful community reintegration for prisoners with a mental illness.

It is generally accepted that prisoners with a mental illness have a diminished capacity to form community relationships and have experienced endless failure. It is therefore vital for positive treatment outcomes that these people experience some perceived success and not be further marginalised and isolated from society.⁷ Often used treatments, such as behavioural-psychoeducational interventions, target social isolation to maximise the potential and performance of each person and facilitate a successful entry to community living.⁸ Studies confirm the importance of providing such psychologically appropriate programs, concluding that they result “...in a reduction of up to 50% in recidivism”.⁹ The removal or denial of any form of existing community participation, such as the ability to vote, could well further add to the difficulties confronting successful treatment of prisoners with a mental illness.

⁴ Wallace C, Mullen PE, Burgess P, Palmer S, Ruschena D, Browne C. Criminal Offending in Schizophrenia Over a 25-Year Period Marked by Deinstitutionalization and Increasing Prevalence of Comorbid Substance Use Disorders. *American Journal of Psychiatry*, 2004; 161: 716-727

⁵ Corrections Victoria, Victorian Prisoner Health Status Study, 2003

⁶ Ditton PM. Mental Health Treatment of Inmates and Probationers. US Department of Justice 1999

⁷ Maier G, Fulton L. Inpatient Treatment of Offenders with Mental Disorders. Wettstein, RM (ed), *Treatment of Offenders with Mental Disorders*. Guilford Press, NY 1998

⁸ Hodgins S, Muller-Isberner R. Evidence-based treatment for mentally disordered offenders. Hodgins S, Muller-Isberner R (eds), *Violence, Crime and Mentally Disordered Offenders – Concepts and Methods for Effective Treatment and Prevention*. John Wiley & Sons, UK 2001

⁹ Hodgins S, Muller-Isberner R., *ibid.* p.21

The proposed amendment cannot but be experienced by prisoners as a further insult by authority. This is even more so when such a significant proportion of prisoners with a mental illness have offended as a result of their illness. The ability to vote gives some symbolic acknowledgement that despite their crimes, prisoners are still people, and still citizens of Australia. The situation in the United States, where similar voting restrictions apply, is that vast numbers of specific ethnic groups (ie Afro-American and Hispanic) have been disenfranchised. Given the over-representation of indigenous people in the prison system in Australia (although only 2.42% of the total population, indigenous people make up 28.7% of the Australian prison population) the comparison is apt.¹⁰

RECOMMENDATION

In Victoria during the period 1 July 2003-30 June 2004, 91% (or 3,147) of the sentenced prisoner population was serving a sentence of under two years.¹¹ The ultimate aim when working with prisoners is to achieve a successful transition to community life, which will facilitate a decrease in recidivism and an increased level of community protection. We believe every encouragement should be given to all prisoners, including those with a mental illness, to participate in society on release. An unsuccessful reentry not only compounds the problems faced by prisoners on their release, but is extremely costly to the community.

As a specialist provider of forensic mental health services, Forensicare does not support the removal of the existing limited ability of prisoners to vote. It is our view that this would further isolate and disenfranchise prisoners, discourage full community participation on release and potentially stymie treatment outcomes for prisoners with a mental illness.

¹⁰ Australian Bureau of Statistics. Prisoners in Australia 2005. Publication No. 4517.0

¹¹ Department of Justice, Statistical Profile of the Victorian Prison System 1999/2000 to 2003/2004

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