

## Case Study

The following offender/inmate has been in contact with this service since he turned 18. Prior to this, he had an extensive history with Juvenile Justice. While he is only 23 years of age, he is already accumulating a long history of breaches of community-based and parole orders. It was commented by several community-based staff that *'Mr. T is considered by a number of community agencies as dangerous and has the capabilities of harming himself and others. However, these agencies, including the Probation and Parole Service, do not have adequate resources to assist in the proper management of Mr. T.'*

Forensic Psychiatric services in custody and in the community have noted that his main problems are drug-related (a Psychiatric Report tendered to Court in August 2004 noted that Mr. T. *does not suffer from a mental illness as defined within the terms of the NSW Mental Health Act 1990*), while drug and alcohol services see his criminogenic issues related to his psychiatric problems. As such, because he does not neatly fit any existing criteria, management and placement both within the custodial environment and in the community is restricted. For example, residential rehabilitation programs that deal with dual-diagnosis clients are rare – the one program that would fit Mr. T's requirements does not take offenders who have been prescribed methadone. At this stage, Mr. T's methadone dose enables him to sustain a reasonable level of functioning without resorting to illegal drug use.

During his current period of incarceration, after a short period of custody at the Long Bay Hospital, he was transferred to Goulburn Correctional Centre. The inmate requested protective custody and spends most of his time in isolation in his cell. His current medication regimen, apart from anti-psychotic medication, consists of mood stabilisers, which moderate his behaviour, reducing any troublesome behaviour and improving his management in the custodial environment. However, it is stressed that this 'containment' approach does little to assist Mr. T work towards his eventual release into the community. Custodial staff are not equipped to deal with these types of clients, and, in the absence of other ways of operating, adopt a punitive approach to management. This often creates an environment of escalating conflict, manifest in frequent internal charges for failing to follow correctional centre routines, and the reduction of already minimal privileges (e.g. radios and books in cells).

When recently considering whether he should be re-released to parole, the offender's mother was contacted to enquire as to whether she could offer accommodation. It was clear from those conversations that the offender's mother indicated that for the safety of the community and her son, his needs would be better served by him remaining in custody, as the community support systems to address his complex needs were not available. It was evident in interview that the offender's mother felt failed by the various systems and organisations that had been involved in service provision with her son, and further frustrated and guilty that she

was not able to offer him accommodation because his behaviour was too disruptive to the family unit. Further, the offender's mother has indicated that on all of his releases from custody, the main precipitating factor that brings him undone is the lack of follow-up with prescriptions for his psychiatric medication. It is noted he has become 'gaol wise' in his bearing and communications, and has broadened his network of potential offender-socialising opportunities.

Consequent on being unable to source suitable accommodation post release, Mr. T will serve his balance of parole and be released without supervision. From a practitioner's viewpoint, it is frustrating to be unable to coordinate satisfactory outcomes for dual-diagnosis offenders, and it is also difficult to reconcile the fact that family members frequently relate many occasions of their children 'falling through the cracks' of community systems put in place over many years, with gaols viewed as the final warehouse. It does little for the practitioner's sense of utility to be at the end of a long line of failed interventions.

I am reminded of the recent Four Corners Report on the Ohio Prison System when a Judge in that State commented on his obligation to sentence these types of offenders to terms of imprisonment, to ensure they receive the treatment/medication they require.

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