



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON JUSTICE AND COMMUNITY SAFETY

Mr Jeremy Hanson MLA (Chair), Dr Marisa Paterson (Deputy Chair), Ms Jo Clay MLA

Submission Cover Sheet

Inquiry into Community Corrections

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Submission:

**Legislative Assembly Standing Committee on Justice and
Community Safety Inquiry Community Corrections**

Submitted by email to:
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Submission: Legislative Assembly Standing Committee on Justice and Community Safety Inquiry Community Corrections

This submission has been prepared by the ACT Mental Health Consumer Network (the Network) in response to an invitation from Emma Davidson, MLA.

The Network is a consumer-led peak organisation representing the interests of mental health consumers in the ACT in policy and decision-making forums. The Network is committed to social justice and the inclusion of people with experience of mental illness. Run by consumers for consumers, our aim is to advocate for services and supports for mental health consumers which better enable them to live fuller, healthier and more valued lives in the community.

A consumer e-Forum was held, and additional feedback was received via email in relation to the Legislative Assembly Standing Committee on Justice and Community Safety Inquiry Community Corrections. This submission incorporates both the written and verbal feedback received.

General comments

The Network welcomes this opportunity to contribute to the Inquiry into Community Corrections.

Mental health has a direct effect on an individual's social and emotional wellbeing, as reported by Australian Bureau of Statistics reported, for 2017-18 financial year, with 4.8 million Australians (or 18.5%) having a mental or behavioural condition, with very high levels of psychological distress experienced by 2.4 million people or one in eight Australians (<https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/latest-release>).

Although there is no inherent link between mental illness and crime, there is a strong causal link between mental illness and incarceration. This is supported by the Australian Institute of Health and Welfare (AIHW) report on Health of Prisoners (released in July 2020 based on data collected in 2018) which reported that two in four prisoners had, at some time in their lives, been told that they had a mental illness (<https://www.aihw.gov.au/reports/australias-health/health-of-prisoners>), though there is no indication whether or not they were told as a formal diagnosis. Furthermore, there is extensive evidence that people with severe mental illness are

more likely to be convicted of misdemeanours than their mentally healthy counterparts and tend to be incarcerated for longer periods (Lamberti et al. 2001).

Incarceration rates and homelessness are also linked, as are mental illness and homelessness. People with mental illness have been reported to be at more at risk of homelessness due to increased vulnerability, difficulty sustaining employment and withdrawing from social supports such as friends and family. In addition, people with mental illness find it more difficult to manage their illness and focus on recovery and treatment therapy when homeless (ACT Law Society 2019).

In turn, homelessness affects individuals pre-incarceration with one in three people entering prison reporting homelessness, and post-incarceration with 50 per cent of people being discharged expecting to be homeless upon their release. Of these people, 44 per cent report they are planning to sleep in short term or emergency accommodation, two per cent planning to sleep rough, and a further eight per cent did not know where they would sleep (<https://www.aihw.gov.au/reports/australias-health/health-of-prisoners>). People having been discharged from prison are overrepresented in all forms of homelessness in the ACT, and homeless people are more likely to be imprisoned than those with secure housing (ACT Law Society 2019).

The risk of recidivism is often higher when people are released from prison without medical and support plans in place which includes housing, support workers and access to nearby clinical and medical care. The Network supports the work of Wellways' Detention Exit Community Outreach (DECO) Program. DECO is a recovery-focused outreach program supporting people 18 years and over who are diagnosed with a mental illness and exiting detention to transition back into the community by providing intensive case management and psychosocial support for up to 18 months (<https://www.wellways.org/our-services/detention-exit-community-outreach-deco>). This assistance can include assisting them to become part of the National Disability Insurance Scheme (NDIS) if applicable.

We further note that people who are incarcerated are unable to apply for the NDIS until they have been discharged. As application processes are often arduous and prolonged, this reduces the ability for support mechanisms to be put in place at the time of leaving prison. The delay in people being able to access the essential services they need to support their disability has a significant effect on their overall health and wellbeing.

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Supporting people 14 years and under prior to, or after, incarceration

Consumers support a focus on education and reform for children aged 14 years and under who have come into contact with corrective services, noting that these children and their support person need ongoing support prior to, or on release from, incarceration. These children are more likely to have several co-morbidities, including mental illness or mental disorder, and consumers find it should be the responsibility of Justice and Community Services to support both these children and their families to improve wellbeing and direction towards alternatives to incarceration.

Consumers recommend the introduction of a program like DECO which should begin prior to the child being released from incarceration and continued until further supports have been provided. DECO has demonstrated reduction in recidivism and a program like this could help prevent further contact with the criminal justice system, potentially preventing young people from continuing into the system as an adult. It would also help to ensure that appropriate supports are in place for the person, including more long term options such as through the NDIS where applicable.

Recidivism and lack of support on discharge

Consumers feel strongly that there is a need for ongoing support when a person is released from incarceration that begins well prior to them returning to the community and throughout the early stages of being back in the community. They highlighted the work of the DECO Program and recommended its extension to support more people to be included.

The Network directs the inquiry to Wellways' success in reducing recidivism for those who participate in the DECO Program. In the ACT, the rate of recidivism for those who participated in the DECO Program over two years is 14 per cent compared with a general overall rate of 45 per cent. In addition, the rate of new corrective sanctions or additional petty offences in the ACT for people participating in the DECO program is just 8.5 per cent compared to 70 per cent for non-participants.

We strongly recommend increasing funding for the DECO Program so it can support more people, which would in turn support the Greens' commitment of reducing recidivism by 25 per cent by 2025 (<https://greens.org.au/act/building-safer-communities>).

Conclusion

These feedback and recommendations are based on consumer feedback provided for the consideration of the Inquiry into Community Corrections.

References

Lamberti JS, Weisman RL, Schwarzkopf SB, Price N, Ashton RM, Trompeter J 2001, 'The mentally ill in jails and prisons: towards an integrated model of prevention'. *Psychiatry Q.* Spring 2001;72(1):63-77.

Law Society of ACT 2019, 'Housing is a human right: Exiting prison into homelessness', *Ethos* Winter 2019;252:40-7.