

REVIEW OF PRISONERS' ACCESS TO MENTAL HEALTH TREATMENT

MENTAL HEALTH COMMISSION RESPONSE TO RECOMMENDATIONS

The Mental Health Commission (MHC) is supportive of the recommendations outlined in the review titled Prisoners' Access to Secure Mental Health Treatment (Review) and will assist Government, the Department of Justice (DoJ), Department of Health (DoH), Health Service Providers (HSPs) and the Office of the Chief Psychiatrist in progressing these, where appropriate.

A number of the proposed recommendations align with the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (the Plan).

Specifically, the Plan outlines the need to:

- significantly increase the provision of contemporary mental health, alcohol and other drug (AOD) services for people in prisons and detention;
- expand forensic hospital services to meet the needs of the growing population;
- establish appropriate community-based services, and transition services for individuals transitioning from prison to the community; and
- implement training initiatives for all non-mental health, AOD frontline staff including corrections officers.

While the development of the Plan was led by the MHC, the Plan is provider and funder neutral. This means the Plan articulates the types and level of service required across the State, but does not pre-determine who should fund or provide them. Services can be funded by the State or Commonwealth Governments, private or non-government sectors and can be delivered by government, not-for-profit or private organisations.

The MHC is responsible for the procurement of mental health services and the development of strategic policy, planning and reform of mental health and AOD services in Western Australia. The MHC purchases mental health and AOD services through Commission Service Agreements with each HSP. Commission Service Agreements are legally binding mechanisms detailing the shared intentions to improve mental health outcomes in the public health system. The MHC commissions the North Metropolitan Health Service (NMHS), to provide services at the Frankland Centre.

It is not within the remit of the MHC to provide mental health and AOD services to individuals while they are in prison or detention centres. Accordingly, appropriations provided to the MHC are not for the purpose of purchasing in prison mental health services. Funding for these services is provided to the DoJ.

The following outlines responses to the recommendations which relate directly to the MHC.

1. Government to commit funding to increase the number of secure forensic mental health beds.

The MHC supports this recommendation as it aligns with actions outlined in the Plan.

The MHC, in collaboration with the DoH and HSPs, are planning for the divestment of infrastructure, and decommissioning and reinvestment of services on the Graylands site, including the Frankland Centre. Consideration of additional secure forensic mental health beds and associated funding will be considered as part of this project, this may include consideration of maintaining and/or expanding state forensic mental health services at the Graylands site or at other sites across the State. Planning work is progressing to ensure that appropriate mechanisms are in place to support the recommissioning of the contemporary infrastructure and services, both across the State and those remaining on the Graylands site. The Plan proposes that a staged closure of Graylands will take place over a number of years, with no immediate impact on current staff or consumers.

The MHC notes the increasing demand on the forensic mental health services as a result of the increasing prison population and the recent closure of subacute forensic beds in the Hutchison Ward at Graylands Hospital. However, former residents of the Hutchison Ward were not in prison custody, rather mentally impaired accused subject to a custody order under the *Criminal Law (Mentally Impaired Accused) Act 1996* (CLMIA Act), who were deemed to be of an acceptable level of risk to have access to the community. The loss of these subacute forensic beds is therefore unlikely to impact on prisoners' access to the Frankland Centre. However, it recognised that the loss of these beds reduces the availability of subacute beds for individuals subject to the CLMIA Act, who could be more appropriately treated in a less acute and lower security setting. The MHC is therefore working with the NMHS and other Government agencies to address the loss of these beds to the system.

2. Department of Justice to work with judicial officers and the Department of Health to make arrangements to allow non-serious offenders on hospital orders to be diverted to other authorised hospitals and not just the Frankland Centre.

The MHC supports this recommendation and will work with WA Health and the DoJ to examine options to implement this recommendation.

3. Department of Justice to make arrangements with health and mental health agencies to provide acute clinical care for prisoners in facilities other than the Frankland Centre.

The MHC supports this recommendation and will work with the DoJ and WA Health to examine options to implement this recommendation. However, there are a number of challenges associated with progressing this, including identifying an HSP that has the capacity to provide mental health services to acutely unwell individuals in the general community who require high levels of security; the impact on the prisoner and other patients of having custodial officers escorting the prisoner in hospital; and the cost effectiveness of such an arrangement. The MHC has encountered significant difficulties in identifying an appropriate location and service in the community, including hospitals, for the provision of secure forensic mental health services to youth, and this is likely to be a similar issue for adult prisoners.

5. Government to support the establishment of the subacute unit in Bandyup Women's Prison with the intention of expanding subacute care into men's facilities.

The MHC supports this recommendation.

The Review states that the DoJ has provided a model of care and funding proposal (capital and operational) to the MHC for consideration.

The MHC is not responsible for the provision of mental health services to individuals while they are in prison, and accordingly, the MHC is not funded to provide these services. Therefore, the MHC has advised the DoJ that it is unable to provide capital or operational funding for this project. However, the MHC is supportive of the DoJ developing a business case and model of service to seek Government funding for this proposal.

6. Department of Justice work with Department of Health to increase in-reach services to meet need.

While the provision of mental health care in prison is the responsibility of the DoJ, in recognition of unmet need and in alignment with the Plan, the MHC currently funds the NMHS, to provide 57 hours per week of psychiatric in-reach services to some metropolitan and regional prisons.

The MHC is supportive of the recommendation to increase psychiatric and mental health in-reach services. The MHC will work with WA Health and the DoJ to identify priority areas of need. As the MHC is not currently funded to provide services in prison, any increased activity will require agreement as to the source of funding.

The MHC has already commenced examining options for increasing psychiatric in-reach services for youth at Banksia Hill Detention Centre, given the challenges associated with identifying secure forensic mental health services for youth in the community.