

## ABORIGINAL JUSTICE REINVESTMENT STRATEGY SERVICE DELIVERY TO THE COMMUNITY – AN OUTLINE

### Authority to Negotiate

The NSWALC Northern Region *Justice Reinvestment Strategy* (Regional Partnership Agreement – Schedule 6) was endorsed unanimously by all Land Councils at the meeting of 14<sup>th</sup> June, 2012. Authorisation to negotiate the strategic actions with Governments was given.

### Purpose of Submission

This Submission responds to the invitation of the Department of Attorney General and Justice to provide a perspective on those Government-funded services which operate in NSWALC Northern Region and which might provide a foundation for improved service delivery to those Aboriginal people at risk of becoming entangled in the criminal justice system.

Three areas considered to be most relevant to the NSWALC Northern Region *Regional Justice Reinvestment Strategy* have been researched: alcohol and other drug services, mental health services and domestic violence services. Although needs vary from community to community, all fourteen Land Councils of NSWALC Northern Region identified the consumption of alcohol and illicit drug use as priority issues in their *Community, Land and Business Plans*. As the 'hot spots' of Armidale, Glen Innes, Guyra, Inverell and Tenterfield are located in the northern sector of our region, this response concentrates more on these communities north of Tamworth.

### Consistency with NSW 2021

This Strategy aligns with the goals and contributes to meeting the targets of *NSW 2021*.

| NSW 2021 goal and target |                                       |   |
|--------------------------|---------------------------------------|---|
| 16                       | Prevent and reduce the level of crime |   |
|                          | Reduce crime levels                   | ✓ |
|                          | Reduce domestic violence              | ✓ |
|                          | Reduce alcohol related assaults       | ✓ |



| NSW 2021 goal and target |   |   |
|--------------------------|---|---|
| 17                       | Prevent and reduce the level of re-offending  |   |
|                          | Reduce juvenile and adult re-offending by 5% by 2016  | ✓ |
|                          | Increase completion rates for key treatment and intervention programs   | ✓ |
| 18                       | Improve community confidence in the justice system  |   |
|                          | Increase victims and community understanding of the justice system  | ✓ |
| 26                       | Fostering opportunity and partnership with Aboriginal people  |   |
|                          | Close the life expectancy gap within a generation   | ✓ |
|                          | Increase the number of Aboriginal communities the State Government is partnering with to improve local outcomes | ✓ |
|                          | Support Aboriginal culture, Country and identity  | ✓ |

### Demand for Alcohol and Other Drug Services

Drawing on the *National Aboriginal and Torres Strait Islander Social Survey (NATSISS)*, ABS states that for Australia as a whole, in 2008, the incidence of risky alcohol consumption for the 18 years of age and over cohort was 21% for Aboriginal men and 14% for Aboriginal women. The estimated demand for alcohol-related services, derived from these percentages, 2011 ABS Census population data, and Rush's 'Canadian' model, is as tabled below.

As a corroborating indicator, the *National Aboriginal and Torres Strait Islander Health Survey 2004-05* notes that 16.9% of Aboriginal men and women over the age of 18 years living in non-remote locations in NSW consume alcohol at levels deemed to be either risky or high risk.

| NSWALC NR sector                          | Northern | Southern | Total |
|---|----------|----------|-------|
| Population (18 yo plus)                   | 2,604    | 5,482    | 8,086 |
| Estimated service demand for AoD services |          |          |       |
| Population at risk                        | 452      | 953      | 1,405 |
| Detoxification                            | 22       | 47       | 70    |
| Counselling                               | 17       | 36       | 53    |
| Day treatment                             | 9        | 20       | 29    |
| Residential – short term                  | 3        | 7        | 10    |
| Residential – long term                   | 12       | 39       | 51    |

The *NSW Population Health Survey, Report on Adult Aboriginal Health 2002-2005* quotes higher figures still for high risk alcohol drinking in men (37% for the Hunter and New England area).

The NATSISS identified that nationally 23% of people aged 15 years or over used an illicit substance in the 12 months prior to interview. The harmful effects of illicit drugs may be amplified by poly-drug use. Alcohol is the drug most commonly used. In consequence, a high proportion of those presenting with alcohol-related harms will also be suffering the effects of drug use.

The rate of drug-induced deaths for Aboriginal people living in NSW (11.5 per 100,000) was around 2.1 times higher than for non-Indigenous people. This does not account for AoD-mortality from other primary causes.

### Demand for Mental Health Services

The percentages of Aboriginal and Torres Strait Islander peoples aged 18 years and over reported in *ABS 4125.0 Gender Indicators, Jan 2012* to be suffering high or very high levels of psychological distress were 27.8% for men and 34.3% for women (31.6% for men and women). The data are for 2008 and are for Australia as a whole. The population at risk is quantified in the table below. The *NSW Population Health Survey, Report on Adult Aboriginal Health 2002-2005* underplays these figures slightly,

stating percentages of 21% for Aboriginal men and 30% for Aboriginal women over 16 years of age.

| NSWALC NR sector                   | Northern | Southern | Total |
|------------------------------------|----------|----------|-------|
| Population (18 yo plus)            | 2,604    | 5,482    | 8,086 |
| No of Aboriginal people suffering: |          |          |       |
| Psychological distress             | 812      | 1,708    | 2,520 |

### Demand for Domestic and Family Violence Services

The percentage of Aboriginal and Torres Strait Islander peoples aged 18 years and over reported in *ABS 4125.0 Gender Indicators, Jan 2012* to have experienced physical violence was 23.2% for men and 22.6% for women. The data are for 2008 and for Australia as a whole.

Six LGAs within the NSWALC Northern Region rank among the highest in the state for domestic violence incidents per head of population. Details drawn from NSW Bureau of Crime Statistics and Research for the Aboriginal and non-Indigenous populations for 2011 are tabulated below.

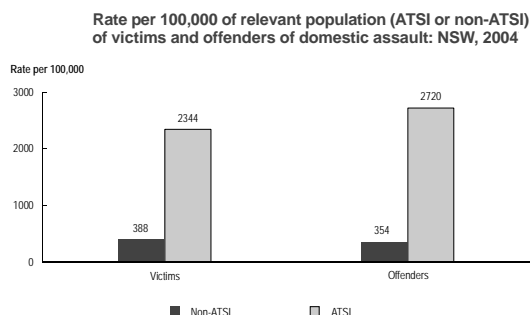
| LGA                | Total | Rate per 100,000 population | NSW ranking |
|--------------------|-------|-----------------------------|-------------|
| Gunnedah           | 87    | 709.3                       | 15          |
| Tenterfield        | 46    | 650.5                       | 18          |
| Tamworth Regional  | 366   | 615.5                       | 26          |
| Guyra              | 28    | 615.4                       | 27          |
| Inverell           | 99    | 587.9                       | 29          |
| Warrumbungle       | 60    | 580.8                       | 30          |
| Armidale Dumaresq  | 146   | 564.7                       | 32          |
| Uralla             | 33    | 524.9                       | 39          |
| Liverpool Plains   | 41    | 514.8                       | 41          |
| Muswellbrook       | 75    | 449.7                       | 51          |
| Glen Innes Severn  | 30    | 322.2                       | 81          |
| Singleton          | 67    | 277.1                       | 93          |
| Gwydir             | 14    | 258.1                       | 98          |
| Upper Hunter Shire | 36    | 253.6                       | 103         |
| Walcha             | 8     | 242.5                       | 107         |

As shown below<sup>1</sup>, Aboriginal and Torres Strait Islanders (ATSI) were approximately six times more likely to be victims and approximately eight times

<sup>1</sup> Julie People, Crime and Justice Bulletin No. 89, Trends and patterns in domestic violence assaults, October 2005



more likely to be offenders of domestic assault than non-ATSI people.



If these figures are representative, and they give results close to actual, the estimated number of incidents is:

| NSWALC NR sector                      | Northern | Southern | Total  |
|---------------------------------------|----------|----------|--------|
| Total population                      | 4,721    | 10,140   | 14,861 |
| No of Aboriginal people projected to: |          |          |        |
| Experience DFV                        | 111      | 238      | 349    |
| Perpetrate DFV offences               | 128      | 276      | 404    |

The number of domestic AVOs issued in NSW northern region in 2011 equated to 652 per 100,000 of the population. This is third highest rate in the State and the rate has shown a steady increase over the period of record from 1995. The figures stated above are for the population as a whole.

### Health Services Profile

Services are provided to a total population in NSWALC Northern Region of 215,021 as of the 2011 ABS Census, of whom 14,865 (6.9%) identify as of Aboriginal and/or Torres Strait Islander descent.

Health services to the northern sector of the region are provided by two Aboriginal community-controlled providers, by one new Medicare Local and by Hunter New England Local Health District. Details are:

| Provider    | Location | Services to:                                     |
|-------------|----------|--|
| Armajun AHS | Inverell | Inverell<br>Tenterfield<br>Glen Innes<br>Ashford |

| Provider  | Location  | Services to:   |
|---|-----------|--|
| Tamworth AMS  | Tamworth  | Tamworth<br>Gunnedah<br>Quirindi<br>Walcha   |
| New England Medicare Local Aboriginal Health Service (NEML) | Armidale  | Armidale<br>Glen Innes<br>Guyra<br>Inverell<br>Tenterfield<br>Tingha<br>Uralla<br>Walcha     |
| Hunter New England Local Health District (HNE LHD)          | Newcastle | All communities through hospitals, specialist facilities, community health centres and posts |

Both Armajun AHS and Tamworth AMS are auspiced by other health service providers while the Aboriginal community controlled Armidale and District Services is de-funded and no longer able to provide relevant services to Armidale and surrounding communities.

As an indicator of service use, Aboriginal-specific data for 2004-2005 record the number of hospital separations in Armidale and Tamworth associated with drug and alcohol use as 12 and 17 respectively, and 6 and 7 for acute psychiatric services while the total number of Aboriginal clients attending for outpatient services in 2005-2006 were:

| Centre     | Pharmacotherapy   | Drug/alcohol |
|------------|-------------------|--------------|
| Armidale   | 6                 | 31           |
| Glen Innes | -                 | 31           |
| Inverell   | 7                 | 18           |
| Singleton  | -                 | 4            |
| Tamworth   | 16 <sup>(1)</sup> | 237          |

Note: <sup>(1)</sup> – may be artificially low. Was 222 in 2004-2005

The health services described above are supported by a range of smaller scale specialist NGO services which are generally located in the larger regional centres.



## Alcohol and Other Drug Services

There are limited Aboriginal-specific substance misuse services across NSWALC Northern Region. This deficit is illustrated, for example, by the absence of accessible residential rehabilitation services. Clients needing such services may opt to attend either Namatjira Haven at Alstonville or Benelong's Haven Family Rehabilitation Centre at Kempsey but not Roy Thorne house at Moree. Freeman House at Armidale is not considered a culturally safe residential service although Aboriginal day clients are referred to it by the judicial system.

Detox is only available in hospital settings and access is constrained by minimal bed numbers and lack of culturally appropriate referral pathways. Armajun AHS is responding to this deficit in Inverell by providing medically supervised in-home detox services to those clients who choose not to travel to Armidale or Tamworth Hospitals for treatment.

Of the Aboriginal community controlled health and medical services, which are generally considered to be accessible and culturally safe, only Armajun AHS is currently able to provide an AoD service. Armajun has a team of four (one RN and three caseworkers) providing services to Inverell and outreach to Glen Innes and Tenterfield. The principal role of the workers is to support clients through their local GP and coordinate referrals to an addiction medicine specialist visiting one day per month from Tamworth.

The New England Drug and Alcohol Network of GPs provides an entry point to a group of GPs with professional experience in treating patients with alcohol and other drug use issues.

Tamworth AMS intends to introduce a service in the near future supported by a staff of three including one clinician funded 50% by OATSIH. The Tamworth AMS Social and Emotional Wellbeing (SEWB) team, which manages referrals, will not refer clients to Tamworth Hospital where AoD services are viewed as 'white' and sterile.

NEML is not funded to provide a dedicated Aboriginal-specific AoD service but assessment and referrals are nevertheless managed by the internal Armidale-based SEWB team which, although having

a focus on client physical health, addresses AoD issues as part of a broader response.

It was indicated anecdotally that at least 90% of clients present with dual diagnosis. NEML report a 'phenomenal' level of marijuana use and a prevalence of binge drinking. Individuals are seen to be self-medicating for loss, grief and trauma. There are grave concerns that the effects of long term marijuana use have yet to be seen and the current level of service demand is the 'tip of the iceberg'. Further, the relationship between dementia and long term AoD use is not being diagnosed.

HNE LHD has located an Aboriginal drug and alcohol team at Tamworth tasked with delivering a service area-wide. Services are available at most community health centres across the region but are not accessed by Aboriginal people.

## Mental Health Services

Mental health services are spread across NSWALC Northern Region but are reported to be generally variable in quality and reliability, and neither culturally-safe nor accessible to Aboriginal people.

*"There are huge gaps and barriers."*

HNE LHD provides access points to mainstream acute and sub-acute mental health services across the region. Hospital inpatient services provided in Peel comprise 25 short term acute beds and 15 beds through the Transitional Behavioural Assessment and Intervention Service in Tamworth. Hospital inpatient services in the Tablelands district comprise 8 short term acute beds in Armidale.

Community-based outpatient services are available in Armidale, Glen Innes, Inverell and Tenterfield. A mental health promotion and prevention team is also located in Tamworth at the hospital.

*"The HNE Area Health Service is difficult to reach. They have bigger workloads. There is reluctance within the community because of a fear of being sent to the asylum."*



*“Services are inadequate...there are differences in perceptions of cultural priorities not trauma-informed practice...lack of flexibility.”*

Many Aboriginal residents do not have a regular GP so the referral pathway to specialist psychiatric treatment for those suffering mental health issues is problematic, particularly in those towns without a resident psychiatrist.

NEML SEWB resources comprise a team of four, two located in Armidale, one in Inverell with 1 dpw outreach to Glen Innes, and one case worker in Tenterfield. Services extend from Tamworth to Gunnedah and Warialda as an outreach 1 dpw. The SEWB team case manages the client group which falls between the acute and personal mentoring services as an unfunded gap plugging measure. NEML hosts a single psychiatrist who is available 1 dpw in Armidale.

Armajun AHS is not funded to provide mental health services. Tamworth AMS has two SEWB workers; one based in Tamworth and another in Quirindi, but has not refilled a counselling position following retirement of the incumbent. The workers focus on anger management and depression; those presenting with other issues are referred to other services, generally NGOs, in the knowledge that they are not culturally safe.

The Benevolent Society (BenSoc), which has partnered with fellow not-for-profit mental health service provider Richmond Fellowship, has two Aboriginal caseworkers based in Armidale and provides services in Tamworth to deliver the FaHCSIA-funded Personal Helpers and Mentors Programme. This is a non-clinical service. BenSoc supports clients suffering severe mental illness, with underlying AoD addiction, but who are assessed as not requiring in-patient care. BenSoc refers to Freeman House. This programme is in the process of being introduced into Inverell but finding and retaining skilled staffing has been a challenge. The Schizophrenia Fellowship also provides day centre services in Armidale and Tamworth.

Centacare New England North West offer a community-based mental health service, including visiting psychological and counselling services,

which supports families, carers, children and young people affected by a mental illness through a diverse range of programmes. The home bases for services are Armidale, Inverell and Tamworth.

### **Domestic and Family Violence**

Despite the interconnection between alcohol and other drug use, mental health and domestic and family violence being well established, there is a significant deficit in public sector service delivery to the point that smaller communities have no domestic violence (DFV) services whatsoever, and certainly no Aboriginal-specific services. HNE LHD has social workers based in hospitals and community health locations at Gunnedah, Tamworth, Armidale, Glen Innes and Inverell who provide counselling support for DFV.

In its 2011 *Review of NSW Health Counselling Services*, NSW Department of Health reported that there was a lack of DFV counselling services across the HNE LHD area, particularly in Inverell, Armidale and Tamworth.

The region has two larger NGOs that provide counselling support for DFV: BenSoc and the Samaritans while The Armidale & District Women's Centre and the Tamworth Family Support Service appear to be two of the few smaller NGO DFV services.

### **Post-release Services**

Justice Health delivers physical health programmes to offenders in prison targeting chronic disease but there is little support or scope for referrals post-release. In consequence, there is no follow up process for those offenders returning to their communities and families. Whether there would be voluntary take up of services is not known since it is probable that the various providers are viewed as having the same or similar mainstream values and approaches. The agency, in conjunction with HNE-LHD and others, is implementing its Forensic Mental Health Network (FMHN) model intended to improve patient flow, the integration of current services and provide more responsive health care to patients entangled with the justice system.



Tamworth AMS commented that, since it has a large number of clients with partners in gaol, it has been trying to establish professional linkages with Tamworth Correctional Centre to be able to deliver SEWB services, to form a support group for partners and children, and to run post-release programmes but, being unfunded, has not been able to move these initiatives forward.

### Cultural Safety

NEML advise that its Aboriginal-specific service is streamed separately from the mainstream service to:

- ❖ improve accessibility with the objective of prioritising Aboriginal clients and increasing referrals; and
- ❖ allow Aboriginal health principles to be embedded in services and programmes.

The NEML team is working with psychologists to improve cultural competence as a measure to reduce the barriers to access. A number of NGOs also are trying to mediate cultural safety issues in mainstream agencies.

### Summary of findings

The risk of Aboriginal adults resident in NSWALC Northern Region becoming entangled in the criminal justice system is aggravated by the absence or limited availability of accessible, culturally safe alcohol and other drug services, mental health services and domestic and family violence services. There is significant unmet need for each of these services across the region.

Demand for AoD secondary and tertiary services exceeds capacity. In-patient detox services are hospital-based, undersupplied and not utilised by Aboriginal people while residential rehabilitation services, for which there is a projected recurrent need of 60 beds, do not exist in the region. Counselling services and case management are of limited scale. Of the Aboriginal community controlled health services, only Armajun at Inverell is funded to provide an AoD service.

Acute and sub-acute mental health services, and counselling services, are available through the mainstream but are generally avoided by those in need for fear of being institutionalised. Centrally-based, Aboriginal-specific Social and Emotional Wellbeing (SEWB) services exist in Armidale,

Inverell and Tamworth but are of insufficient capacity. SEWB teams attempt to meet the deficits in AoD services but are not funded to do so and have no specialist skills in this area. Over 2,500 Aboriginal people are estimated to have experienced an episode of psychological distress in 2011.

Domestic and family violence services are generally characterised by their absence with few existing outside of the social services provided through mainstream community health centres. Seven of NSWALC Northern Region LGAs rank in the top 20% of LGAs in New South Wales for domestic violence incidents per capita. About 350 people are estimated to have personally experienced violence across the region in 2011.

There is no referral pathway from the judiciary that leads to a culturally safe Aboriginal community controlled service provider with capabilities in AoD and mental health assessment, counselling, advocacy and case management.

Linkages between Aboriginal community controlled health service providers and criminal justice facilities are weak, leading to poor post-release support for offenders.

