Attachment 6

As background information, I can advise that I am a Registered Nurse (List A) in NSW with approximately 8 years experience working in Mental Health Hospitals in both NSW and SA. Since 1989, I have worked as a Probation and Parole Officer in a NSW Correctional Centre. My partner is currently employed in a dedicated forensic mental health unit, and as such, I have been able to maintain a reasonably contemporary knowledge of issues relating to the mentally ill in terms of treatments, Mental Health Acts, etc.

Throughout the period of time that I have worked in the correctional environment, there have always been a number of inmates who have been diagnosed with mental health problems. However, over recent years it has appeared to me that there has been a significant increase in these numbers, and, more importantly, an increase in number of inmates suffering from severe, long-term mental health problems presenting at times in quite florid states. In years past, many of these offenders may well have been managed in a mental health setting and consequently would perhaps never have come into the criminal justice system.

At this point in time, there are three inmates currently on caseload at this centre who fall within the category outlined above and who are of grave concern to officers of this unit. All three have histories of violent offending, and while they are managed by Justice Health within the Correctional Centre, in at least two of the cases Justice Health have indicated that they will not be involved in providing referrals for ongoing management in the community. These two offenders will be released at the expiration of their sentences, without supervision by this or any other service.

Case 1. Justice Health undertook an active involvement in the offender's post-release plans, to the extent that arrangements made by this Service, which included supported accommodation and follow up by a Community Mental Health team, were assessed as unsuitable by Justice Health. The visiting psychiatrist then undertook to make arrangements for the inmate to be admitted to a mental health hospital, who in turn would make arrangements for follow-up care when he was discharged. When this did not come to fruition, the Visiting psychiatrist "washed his hands of the situation". By this stage, the inmate was so frustrated with the processes, that he now declines to be released to parole and will be released at the end of 2005, to his own devices.

Case 2. A long-term mental health inmate with associated substance abuse. He is described as very non-compliant with treating professionals in the community, not uncommon with the mentally ill. He has also decided that he does not wish to be released to parole. When recently contacted to determine if follow-up arrangements were to be made for the offender at the expiration of his sentence, the Visiting Psychiatrist indicated that no such arrangements would be made, and that the "cycle would be repeated".

Case 3. Was released to parole; however, over time his mental health state deteriorated until his was charged with a number of offences committed against his neighbours. These matters were dealt under Section 33 of the *Mental Health Act*, as he was considered floridly psychotic at the time. Following his release, the offender was managed by a Community Health Team; however, case notes by this Service suggest that his nurse had no time for him and appeared keen to have his parole revoked so that he could return to custody. He is now to be considered again for release on parole. His only post-release address is where he was living at the time of his revocation (being a house left to him in his mother's estate). In terms of community interest, it is unlikely that this will be assessed as suitable. He has also recently made serious threats to an ex-partner, which are of grave concern, given his original conviction. It is quite possible this inmate may also have to serve the balance of his sentence in custody.

The above are just three examples of inmates suffering from major mental health problems who seem to "slip through the net". There are many more in the system, some more fortunate, as they still have family support.

In the sixteen years I have spent in this environment, I have been continually frustrated with:

- The number of inmates in custody with major mental health problems, who in years past would have either been cared for in a mental health facility and would never have offended, or would have been scheduled to a Mental Health facility either by the police or Magistrate when they came to notice for their offences.
- The reluctance by Community Mental Health Teams to accept referrals from Probation and Parole Officers for offenders being released from custody – I have heard comments like "They are a corrections problem now, not a health problem"; "We do not see anyone with a history of violence".
- The reluctance of Justice Health to proactively advocate on behalf of mental health inmates for suitable treatment and accommodation on their release.
- The number of times inmates are refused parole because of insufficient support services in the community.

I am also aware that similar problems occur within the Community setting, and have experienced these first hand while relieving at a local district office. Without nominating the area health service involved, the District Office encountered ongoing problems in having clients assessed, even those presenting as suicidal or threatening harm to others as a direct response to their psychosis.

On one occasion, such was the offender's mental health state that the local Magistrate requested an assessment. However, the Local Area Health Service refused to have him brought to their centre; rather, he was assessed in the court house cells and the Court was informed that he presented with no active mental health symptoms. The Magistrate, being

very concerned for the offender's health, sought further guidance from this Service, and it was recommended that the offender's matters be remanded to a different court complex where a Court Liaison Nurse provided a service to the Court. The offender, as result, was detained in a mental health facility for some time, given his acute psychotic presentation.

On a more positive note, the Mental Health Court Liaison Nurse, who is employed by the Local Area Health Service, has been a positive amongst all the negatives. This service provides advice to the Courts and will also accept referrals from this Service. As they are employed by the Local Area Health Service, they are able to influence the local community mental health teams. I am uncertain whether the Court Liaison Nurses employed by Justice Health have as close a working relationship either with Probation and Parole or the Local Area Health Service.

In summary, mentally ill people often seem to come into the criminal justice system because of a lack of resources in the community. Within the gaol environment, there is a lack of specialist staff to provide them with the necessary care, and Correctional Officers are not trained as mental health professionals. They are often victimised by other inmates and do not receive the necessary counselling for their illness, although they are medicated if required.