

Towards more nationally coordinated policy for the mental health of justice-involved people

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- National Mental Health Commission –commissioned Southalan et al (2020) 'Mapping the forensic mental health policy ecosystem in Australia: A national audit of strategies, policies and plans'



Overview of presentation

1. What does the national picture look like?
 - National mental health reforms – largely excluding justice settings
 - Mental health services in justice settings: gaps, opportunities, need for a national framework
2. What is being done elsewhere that we can draw on to address this? Recommendations and examples from my Churchill Fellowship trip, visiting prison mental health services in England, Scotland, Canada, US.



The national picture: Great breadth in national mental health reforms

Some key national reform examples

National Mental Health Policy (2008) and five-yearly National Mental Health Plans (now under the 5th Plan)

National Partnership Agreements between states/territories and the Commonwealth

Funding – agreement as Activity Based Funding, ‘national efficient price’ for services, hospital reform

Independent Hospital Pricing Authority, National Mental Health Commission

National standards, accreditation, national safety and quality measures

National Mental Health Services Planning Framework

Exclusion of justice settings makes national comparison of these mental health services almost impossible

- 2013 - National Mental Health Commission report card
- *“We do not have a national reporting system or consistent framework across the criminal justice, police and court system in Australia. It is therefore not surprising that being able to see a national picture is difficult...”*

- 2016 - first national comprehensive descriptive survey of prison mental health services in Australia (Clugston et al)
- *“...there is limited information about how these services are delivered and the strengths and challenges of different models”*

- 2017 - first national survey of court liaison services and mental health court programmes in Australia (Davidson et al)
- *“..the Australian approach to the provision of mental health services to people in the criminal justice system is heterogeneous and piecemeal”*

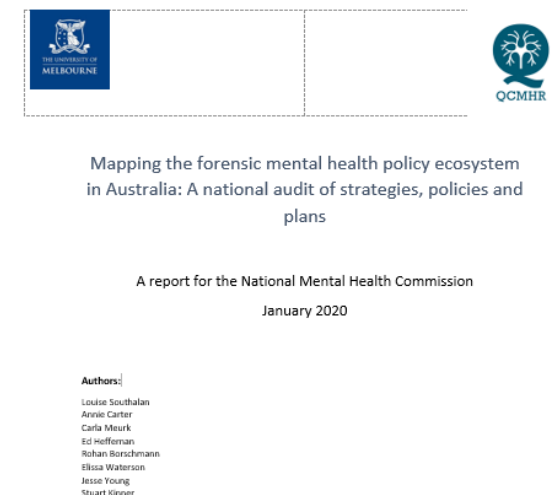
Lack of shared indicators, frameworks, reporting means policy comparison is difficult

“Viewed systemically and nationally,...there is a major gap in overall policy coherence and sharing of information [in relation to mental health services in criminal justice settings]”

Based on a review of key policy documents relevant to mental health, this audit identifies gaps and opportunities across all justice settings:

- Police
- Courts
- Forensic services
- Prisons
- Community

Makes recommendations for next steps



Southalan et al (2020) ‘Mapping the forensic mental health policy ecosystem in Australia: A national audit of strategies, policies and plans’, University of Melbourne and Queensland Centre for Mental Health Research, [Full Text](#)



Examples of major areas for reform, viewed nationally – as identified in the audit

Systematically including justice settings and justice-involved people within population-level national mental health policies and processes.

Bring lived experience expertise and cultural expertise to the forefront.

Development of national, evidence-informed policy guidance on identification and screening of people with mental disorders at all stages of involvement in the criminal justice system

Improve connections and continuity between justice settings and community mental health providers, eg through incentives linked to Medicare funding, policy settings for Primary Health Networks, and through Commonwealth leadership on information sharing.

Development of a justice/mental health evidence and research strategy addressing key gaps



What can we learn from other countries about how national agencies address these gaps?

- Churchill Fellowship *'Investigating the role of national agencies to support state prison mental health services'*
- 2019: Visited England, Scotland, Canada, USA



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Report:

<https://www.churchilltrust.com.au/project/to-identify-strategies-for-national-agencies-to-improve-state-prison-mental-health-systems-and-services---uk-italy-canada-usa/>

Churchill recommendations

Recommendation		Examples
1	Articulate health and justice interests and objectives across agencies, jurisdictions	The National Partnership Agreement on Prison Healthcare in England
2	Provide leadership around sharing of justice mental health data and evidence	The Stepping Up Initiative (US) Michigan state justice planning
3	Lead the development of quality improvement processes for justice mental health;	Quality Network for Prison Mental Health Services (Royal College of Psychiatrists, UK)
4	Improve continuity of care and connection between social policy areas;	US federal agency involvement in pre-release transition services (eg via Medicaid)
5	Bring lived experience of justice settings into mental health at all levels	Transitions Clinic Network (US), Revolving Doors Agency (UK)

What would this look like in Australia?

- Joint agreed objectives for agencies who work with justice involved people
- States and Territories using a common mapping tool to set priorities (eg US Sequential Intercept Model)
- Commitment to reporting against common indicators, outcome measures
- National research agenda, targeting priority issues
- Lived experience expertise co-designing, co-producing

What would this look like in Australia?

- Justice settings are included in all mental health planning, policy-making, reporting, standards, funding models
- Indigenous models of care developed and supported in all justice settings
- National information sharing protocols which maximise continuity of care and continuity of health information

Thank you

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References

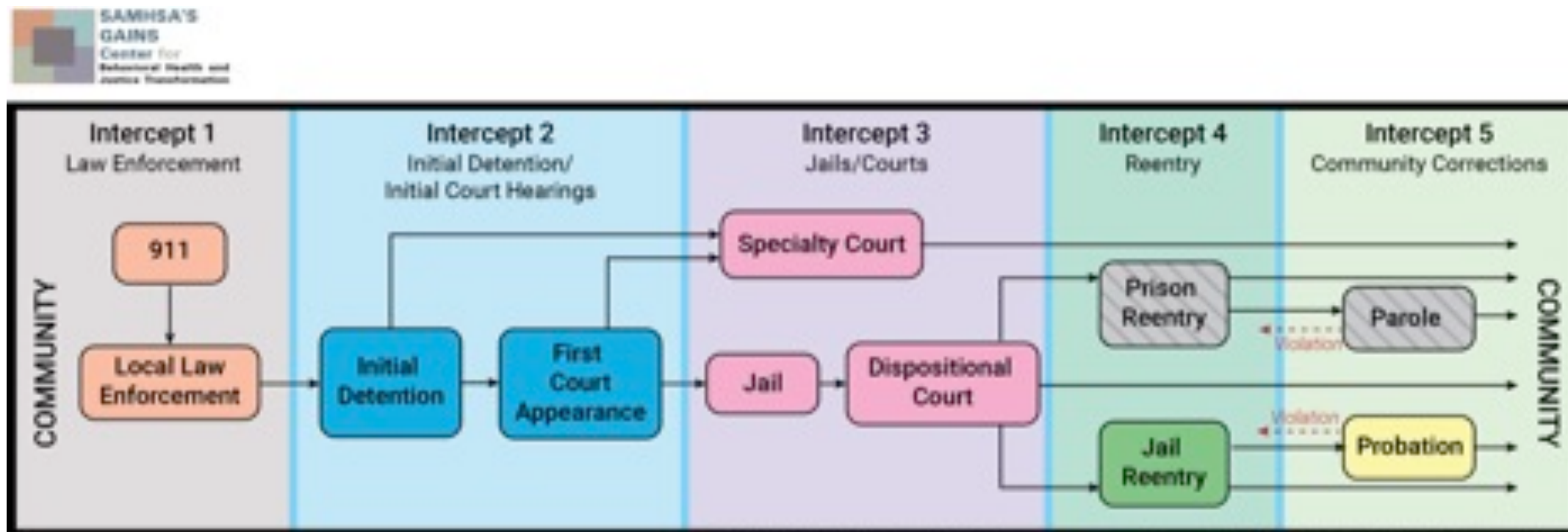
- The National Mental Health Commission. A Contributing Life, the 2013 National Report Card on Mental Health and Suicide Prevention. Sydney: NMHC 2013.
- Fiona Davidson, Edward Heffernan, David Greenberg, Rhondda Waterworth & Philip Burgess (2017) Mental Health and Criminal Charges: Variation in Diversion Pathways in Australia, *Psychiatry, Psychology and Law*, 24:6, 888-898, DOI: 10.1080/13218719.2017.1327305
- Clugston, B., Perrin, M., Davidson, F., Heffernan, E., Kinner, S. 2018. Prison Mental Health Services: A Comparison of Australian Jurisdictions. Griffith University and Queensland Centre for Mental Health Research.
- Southalan, L (2020) "Report by Louise Southalan on 2018 Churchill Fellowship to identify strategies for national agencies to improve state and territory prison mental health systems and services", Winston Churchill Memorial Trust, Canberra, [Full text](#)
- Southalan L, et al. Mapping the forensic mental health policy ecosystem in Australia: A national audit of strategies, policies and plan. A report for the National Mental Health Commission. Melbourne (Australia): University of Melbourne; 2020. [Full Text](#)



Extra slides

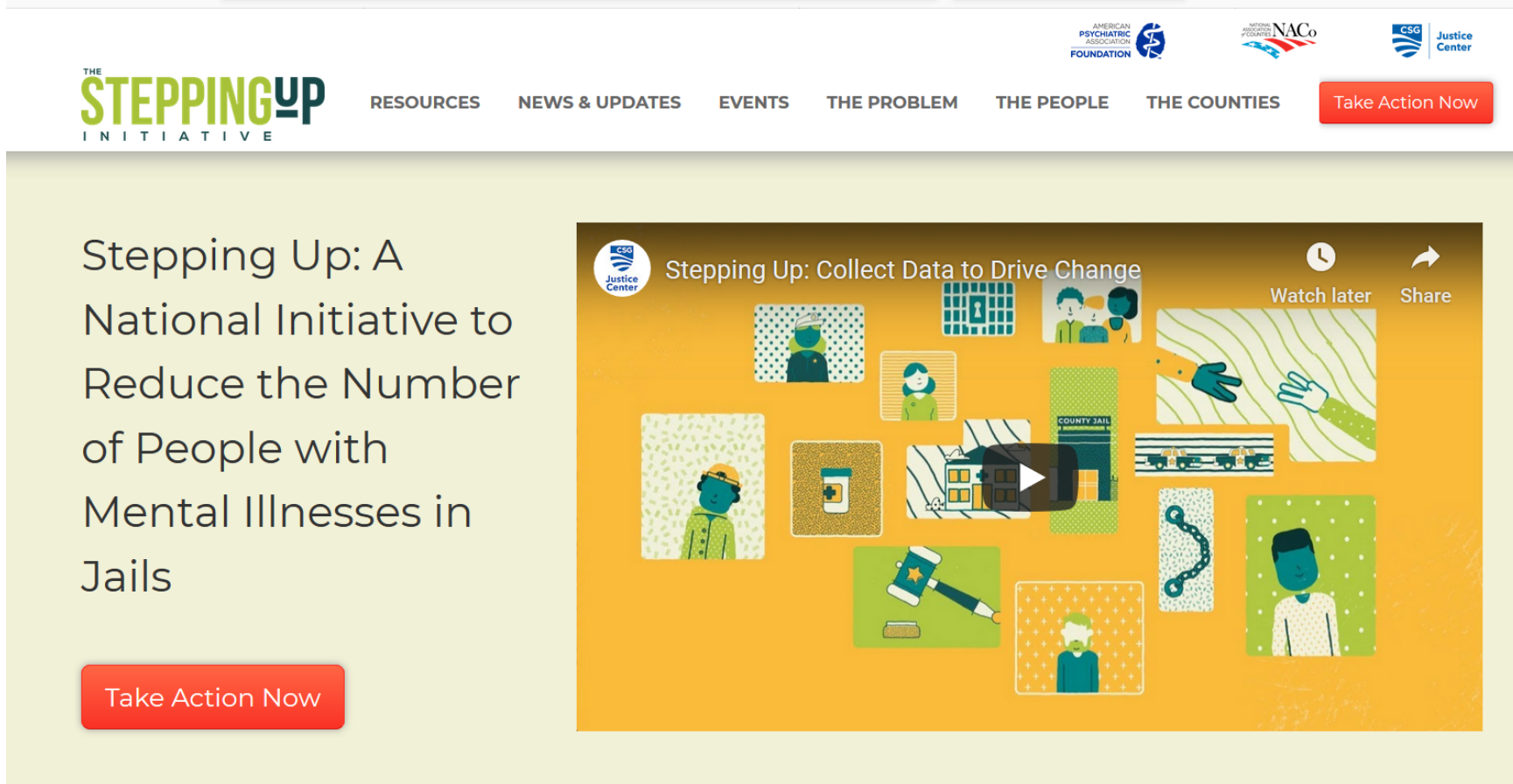
What follows is some additional info on a couple of the examples mentioned in the presentation

The sequential intercept model – an agreed framework for mapping services and gaps in health services at each stage of the justice system. Used with a trained facilitator



SAMHSA's GAINS Center. (2013). Developing a comprehensive plan for behavioral health and criminal justice collaboration: The Sequential Intercept Model (3rd ed.). Delmar, NY: Policy Research Associates, Inc.

Examples of resources used in The Stepping Up initiative (US)



The screenshot shows the homepage of the Stepping Up Initiative. At the top, there are logos for the American Psychiatric Association Foundation, NACo, and CSG Justice Center. Below these is a navigation bar with the following links: RESOURCES, NEWS & UPDATES, EVENTS, THE PROBLEM, THE PEOPLE, and THE COUNTIES. A red button labeled "Take Action Now" is positioned to the right of the navigation bar. The main content area features a large video player with the title "Stepping Up: Collect Data to Drive Change". The video player includes a play button, a "Watch later" button, and a "Share" button. The video thumbnail shows various icons representing mental health, justice, and community. To the left of the video player, there is a text block that reads: "Stepping Up: A National Initiative to Reduce the Number of People with Mental Illnesses in Jails". Below this text is a red button labeled "Take Action Now".

Stepping Up: A National Initiative to Reduce the Number of People with Mental Illnesses in Jails

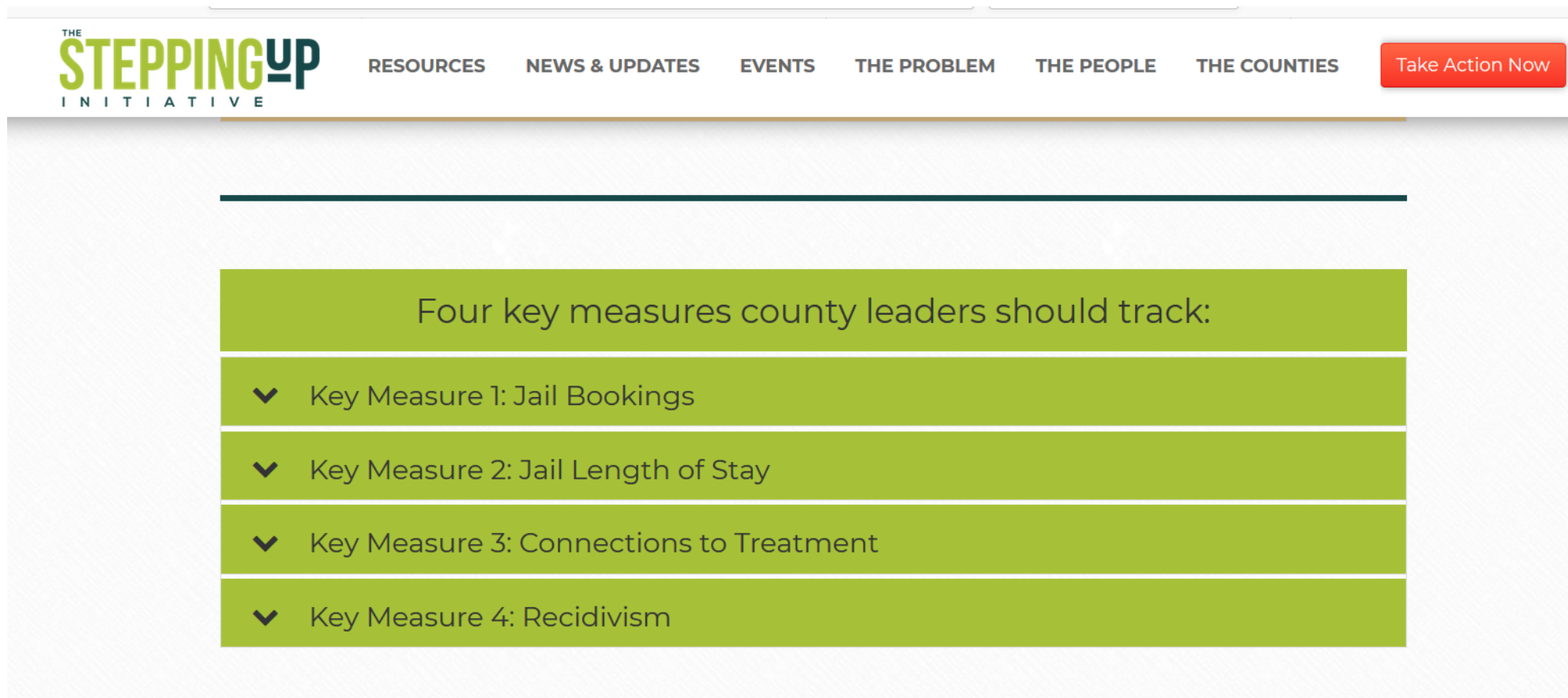
Take Action Now

Stepping Up: Collect Data to Drive Change

Watch later Share

<https://stepuptogether.org/>

Agreed justice and health measures, with definitions



The screenshot shows the website for 'THE STEPPING UP INITIATIVE'. The header includes a navigation menu with links: RESOURCES, NEWS & UPDATES, EVENTS, THE PROBLEM, THE PEOPLE, and THE COUNTIES. A red button labeled 'Take Action Now' is positioned on the right. Below the header, a horizontal line is followed by a green box containing the text 'Four key measures county leaders should track:'. This is followed by a list of four key measures, each preceded by a downward-pointing chevron icon.

THE STEPPING UP INITIATIVE

RESOURCES NEWS & UPDATES EVENTS THE PROBLEM THE PEOPLE THE COUNTIES

Take Action Now

Four key measures county leaders should track:

- ✓ Key Measure 1: Jail Bookings
- ✓ Key Measure 2: Jail Length of Stay
- ✓ Key Measure 3: Connections to Treatment
- ✓ Key Measure 4: Recidivism

Useful questions to take stock of your situation

Six questions county leaders need to ask:

- ▼ Question 1: Is your leadership committed?
- ▼ Question 2: Do you have timely screening and assessment?
- ▼ Question 3: Do you have baseline data?
- ▼ Question 4: Have you conducted a comprehensive process analysis and service inventory?
- ▼ Question 5: Have you prioritized policy, practice, and funding?
- ▼ Question 6: Do you track progress?
- ▼ Special Topics

<https://stepuptogether.org/toolkit>

Useful resources about how to assess and plan

THE STEPPING UP INITIATIVE RESOURCES NEWS & UPDATES EVENTS THE PROBLEM THE PEOPLE THE COUNTIES [Take Action Now](#)

Webinar 3 (5/11/17):
Establishing Baseline Data for Mental Illness in Jails

05-11-17 THE STEPPING UP INITIATIVE Establishing Baseline Data for Mental Illness in Jails May 2017

Watch later Share

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Examples of how this information is then used by administrators, policy makers

In Practice: How Baseline Data Inform Planning

When a county analyzes the number of people with mental illnesses in the jail, the average length of stay in jail for this population, rates at which they are connected to treatment, and their rearrest rates—or determines whether this information can even be assembled—the findings help illuminate strategies that will deliver the greatest return on investments.

Jurisdiction	Metric	Finding	Action Taken
Bexar County, Texas	The number of people with mental illnesses in jail	County does not know how many people with mental illnesses are in the jail.	Bexar County established universal screening for mental illnesses.
New York City, New York	Length of stay	People with mental illnesses stayed in jail 112 days on average as compared to 61 days for those without mental illnesses.	New York City implemented early pretrial diversion options to move people with mental illnesses out of jail in a timely way.
Franklin County, Ohio	Connection to care post-release	More than one in three of people who had contact with the behavioral health care system in the year prior to their incarceration did not have contact with the behavioral health care system in the year following their release from jail.	The local Alcohol Drug And Mental Health (ADAMH) board established a jail liaison team to provide in-reach service to get follow-up appointments within two weeks of release.
Salt Lake County, Utah	Recidivism rate	One out of three people on pretrial supervision and one out of two people on county probation did not fulfill the requirements of their supervision.	Salt Lake County recommendations included establishing intensive supervision caseloads for people who are assessed as being moderate to high risk of reoffending and who are also assessed as having an SMI.

Haneberg, R, Fabelo T, Osher, F and Thompson, M (2017) 'Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask', Council of State Governments, Washington, https://stepuptogether.org/wp-content/uploads/2017/01/Reducing-the-Number-of-People-with-Mental-Illnesses-in-Jail_Six-Questions.pdf