Justice Action Submission:

Productivity Commission Review of the Mental Health and Suicide Prevention Agreement

Justice Action

Justice Action (JA) is a non-for-profit, self-funded organisation based in Australia that champions the interests and rights of marginalised members of the society particularly those incarcerated. We trace our history back to the beginning of the Penal Colony as an expression of the prisoner movement.

We have been involved in accommodation, service provision, and peer mentoring as well as supervising Community Service Orders from the courts for 23 years. Some of our achievements are here. We maintain our independence by supporting ourselves through the social enterprise Breakout Media Communications servicing unions, community groups and corporations since 1984.

JA advocates for the improvement of the social and mental health of people locked in prisons and hospitals ensuring their voices and those connected to them are heard and respected. In pursuance of those goals, JA engages in policy development, initiates campaigns and liaises with stakeholders including victims of offences.

JA has decades of experience working with people with psychosocial challenges, including four cases before the NSW Supreme Court, being Primary Carer to seven people and representing them before the Mental Health Review Tribunal for many years. We presented our key concerns to the NSW Mental Health Inquiry recently.

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Our aims are to:

1. Adopt best approaches where productivity improvements including social benefits can be achieved
2. Ensure First Nations and other marginalised people with lived experience are engaged in co-design affecting their communities
3. Eliminate coercion especially chemical restraint
4. Enable accountability and transparency of government bodies
5. Establish telecommunications in all areas of detention to lessen isolation
6. Get access to peer mentors who have the training and funding
7. Secure video access in detention to family, elders, and counsellors

Recommendations:

We propose three main recommendations to supplement and better achieve the underlying purpose and key objectives of *the National Mental Health and Suicide Prevention Agreement*.

These are:

1. The incorporation of lived experience in addressing mental health policies and practice: Codesign and Peer Mentoring
2. Telehealth and Telecommunications access: Improved delivery of services
3. Honesty with Data Collection: Chemical Restraint data to include all involuntary medication

Opportunities for Best Practice (Scope a,b,c & d)

Telecommunications

The Agreement 20b, d, e and m, 25a and 26a provides the basis for supporting telecommunications into all places of detention.

Telecommunications into cells allows **person-centred**, culturally supportive services. It also provides the most important ingredient for good mental health - **social inclusion**.

The most stark example of this need is the cost of each child in detention at over $1m a year. Youth Justice NSW said that 90% of their 222 children have mental illnesses. Yet not one child in detention across Australia has access to services in their cells where they are for 14 hours a day. See our evidence before the Senate Inquiry.

We call on the Productivity Commission to Flip the Switch to change the passive TV in cells into an interactive device.

Across Australia, 63% of children in detention are First Nations, with a 85% recidivism rate.

Transforming the TV screen that is in every youth justice cell into an interactive device would allow detainees to actively engage with the outside world rather than be passive recipients of mind-numbing content.

In-cell access to external counselling, restorative justice, and education including art and music through the **'import model'** would be:

• Effective in providing trusted external counselling without a conflict of interest with a security role.
• Efficient, as they are often already paid for by governments.
• Existing through the detention and available after release.
• Emotionally important, enabling detainees to feel connected to the outside community.

Computers in cells would give access to Restorative Justice, Music, Education and Peer Mentoring Services. Restorative justice reduces crime charges by 38%, music and arts reduce recidivism by 60%, and education reduces recidivism by 35%.

We have costings that show how simple and cost effective it is. Every adult in a NSW prison now has a computer tablet. Here is how the campaign was won. An international campaign has been generated as the Nairobi Declaration for Detainee Telecommunications Rights.

Telehealth

Under the National Agreement 20(b) telehealth is a sustainable and effective program that gives easy and efficient access to mental health services when needed. Research supports counselling online as being more effective than in person.

Telehealth into cells would allow those in detention to interact with counsellors in a way that is more person-centred and culturally appropriate than the limited services of the detaining authority. Significantly, it enhances social inclusion through maintaining or establishing trust with outside mainstream services.

Peer Mentoring: lived experience (Scope d)

Peer Mentoring has been proved to be an effective solution in addressing the gaps in mental health services and encouraging engagement with minority groups. It connects people with shared experiences to facilitate understanding, empathy and trust. This solution is a culturally responsive approach that gives Indigenous Australians and other marginalised groups effective support.

As a significantly overrepresented group in detention, First Nations People represent those most affected with mental health illnesses. Implementing Peer Mentoring programs would invite community connection and kinship, supporting Indigenous peoples sense of belonging and identity to ultimately reduce rates of recidivism.
In order to support peer mentoring programs, workers need to be properly trained, paid and have central status in support teams.

Peer mentoring is crucial to the advancement of the objectives of The National Agreement (20e) as well as enhancing current mental health policies. Without sufficient funding, mentors will not be able to efficiently support their mentees and reach marginalised groups.

Coercive Measures - Data Collection (scopes e & g, Agreement 20(l) and 27(d))

Coercion in the delivery of mental health services is recognised as being against the principles of care and compassion. The law defends the rights of people to be

different and the dignity of risk, unless there is a risk of serious harm to self or others.

The medical profession has “cloaked” its use of coercion - involuntary medication - with the respectable term “treatment”. In practice, eight nurses hold down a person and inject them with medication that causes the person to feel degraded and poisoned. Research indicates long term problems and more effective solutions if the person isn’t medicated, but medication allows easier, cheaper management.

Data collection for chemical restraint explicitly excludes involuntary “treatment” although it is used to alter a person’s behaviour.

After a series of National Forums on Reduction of Seclusion and Restraint Justice Action wrote a report and has exposed the increase in involuntary medication following the data collection of the other form of coercion - seclusion. When the KPI’s of Primary Health Networks include the reduction of seclusion, but another form of coercion doesn’t have data collection, the psychiatrists make the obvious decision to use involuntary medication. This is an unintended consequence of the current practice.

We call upon the Productivity Commission to ensure that coercion is openly reflected in the data and that Chemical Restraint data includes involuntary medication for which permission is only granted through legal intervention and a Tribunal hearing. Our paper on the issue is continuing to develop.