

20 January 2020

Mental Health Inquiry
Productivity Commission
Australian Government

Re: *Mental illness and substance use disorders among people leaving prison*

Dear Productivity Commissioners,

I am writing to provide updated estimates of the cost of healthcare used by people with mental illness leaving prisons in Australia. Findings from my work were quoted on page 623 of the draft report, as follows:

“Consequently, people released from prison account for disproportionately higher healthcare expenditure. The Justice Health Unit (sub. 339) noted that:

- *people released from prison who have a mental illness and dual diagnosis (co-occurrence of mental illness and substance use disorder) were 2.5 to 5 times more likely to incur annual healthcare costs in the 90th percentile*
- *annual health service costs among people released from prison are more than 1.7 times higher than the general population.”*

We have recently updated this analysis to provide additional results in a more relevant and accessible format. We found that:

- In our study of people leaving prisons in Queensland, 30% of participants had a diagnosed mental illness, and of these, a majority also had a substance use disorder (22% of our cohort had both a mental illness and a substance use disorder; 8% had a mental illness without a substance use disorder)
- People released from prison with a mental illness (and no substance use disorder) incurred average healthcare costs that were 2.0 times higher than those with no history of mental illness; in those with both a mental illness and a substance use disorder, average costs were 3.0 times higher
- In our study, people with both a mental illness and a substance use disorder were almost twice as likely to return to prison within a year of release, compared to those with no mental illness or substance use disorder.

These findings show the high costs of failing to address the mental health needs of people leaving prison, especially those with both a mental illness and a substance use disorder. As noted in the sections of the draft reported dedicated to substance-related co-morbidity, this is a critical gap in current services for the broader community. Investment in services dedicated to addressing the needs of people with co-morbid substance use disorders and mental illness is needed, and these services should be easily accessible to people released from prison.

Yours sincerely,

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