Queensland Corrective Services Mental Health Strategy 2022-2027

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Contents

Acknowledgements 3
Commissioner's Foreword 4
Principles and Directions 6
Priorities and Initiatives 7
Introduction 8
QCS: A snapshot 9
The case for change 10
The policy context 11
Priority 1 - Improve service delivery/support for mental ill health 13
Key initiatives 13
Success measures 15
Priority 2 - Strengthen identification and assessment of mental health 16
Key Initiatives 16
Success Measures 17
Priority 3 - Enable better information sharing 18
Key initiatives 18
Success measures 19
Priority 4 – Build and leverage collaborative partnerships 20
Key initiatives 20
Success measures 21
Priority 5 – Increase awareness and training 22
Key initiatives 22
Success measures 24
Next Steps 25
The Mental Health Action Plan 2022-2023 25
Evaluation and Review 25
References 26

Acknowledgements

Queensland Corrective Services respectfully acknowledges and recognises First Nations peoples as the Traditional Owners and Custodians of the lands, winds and waters where we live, learn and work.

We pay our respects and acknowledge the important role of Elders past, present and future for they are the custodians of cultural knowledge, traditions and lore and the aspirations of First Nations peoples of Australia, as they continue to protect, promote and share their culture.

Enterprise Strategy Group would like to thank all the staff who have shared their stories, insights, and local level initiatives during our consultation. Your voice has assisted us to shape this strategy and will continue to be appreciated and welcomed. We would like to thank and acknowledge the dedication and hard work of our frontline staff who, on a daily basis, manage people in our custody and care living with mental ill health.

Commissioner's Foreword

It is with pleasure I endorse the Queensland Corrective Services (QCS) *Mental Health Strategy 2022-2027*.

This Strategy articulates the vision outlined in our 10-year Strategic Plan, *Corrections 2030*, and highlights our commitment to keeping the people of Queensland safe.

In 2019, the Queensland Productivity Commission noted Queensland prisoners were more likely to experience high or very high levels of psychological distress. Furthermore, those living with mental ill health in contact with the criminal justice system have complex needs, including co-occurring substance misuse and physical health issues. They are more likely to experience factors of social disadvantage, including housing instability, low educational attainment, unemployment, and poorer health outcomes.

Entering the custodial environment can be stressful. This is a critical risk period for those living with mental ill health, especially if they are experiencing custody for the first time. For those living with mental ill health, custody can exacerbate symptoms due to limiting access to coping mechanisms available in the community. Additionally, for those people under community supervision in regional and remote areas, their mental health needs often go unmet due to lack of available programs and resources.

To maximise the safety of our officers and improve the chances of successful rehabilitation, QCS is committed to implementing evidence-based practices to support those in our custody and care living with mental ill health.

A person-centred and trauma informed approach will support the delivery of the *Shifting Minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018-2023* and *Every Life: Queensland Mental Health Commission's Suicide Prevention Plan 2019-2029.*

This Strategy provides a strong foundation to assist QCS in achieving its strategic vision: a corrective services system that recognises and supports all people in our custody and care living with mental ill health. The five overarching strategic principles and directions are:

1. **Promoting safety:** We will create a safer environment for our staff and the people in our custody and care, informed by human rights, by improving access to appropriate supports and services for people in our custody and care living mental ill health.
2. **Strengthening partnering and collaboration:** We will ensure a coordinated and responsive approach to supporting those people in our custody and care living with mental ill health by collaborating and partnering with other government and non-government agencies.
3. **Reducing crime:** We will contribute to reducing recidivism by using a trauma-informed, culturally sensitive approach and addressing the individualised rehabilitation and reintegration needs of people in our custody and care living with mental ill health.

4. **Empowering a professional workforce:** We will increase staff awareness and capability in understanding of how mental ill health can affect individual behaviour including understanding cultural differences and supporting people in our custody and care living with mental ill health.
5. **Driving innovation**: We will implement innovative and evidence-based practices to deliver a person-centred and culturally appropriate service to people in our custody and care living with mental ill health.

A range of initiatives will support the implementation of the Strategy across QCS. This will mean changes in the way we do business. QCS is committed to supporting frontline staff during this process to ensure they are well informed and appropriately trained to deliver on QCS' commitment to recognising and supporting people in our custody and care living with mental ill health. This Strategy will guide us from our current state to a desired end state in which people in our custody and care living with mental ill health are identified and assessed early, treated with dignity and respect, and have access to the supports and services they need.

Paul Stewart APM
Commissioner
December 2022

Mental Health Strategy 2022-2027

Vision: A corrective services system that recognises and supports all people in our custody and care living with mental ill health.

Principles and Directions

3. REDUCING CRIME

We will contribute to reducing recidivism by using a trauma-informed, culturally sensitive approach and addressing the individualised rehabilitation and reintegration needs of people in our custody and care living with mental ill health.

2. STRENGTHEN PARTNERING AND COLLABORATION

We will ensure a coordinated and responsive approach to supporting people in our custody and care living with mental ill health by collaborating and partnering with other government and non-government agencies.

4. EMPOWER A PROFESSIONAL WORKFORCE

We will increase staff awareness and capability in understanding how mental ill health can affect individual behaviour including understanding cultural differences and supporting people in our custody and care living with mental ill health.

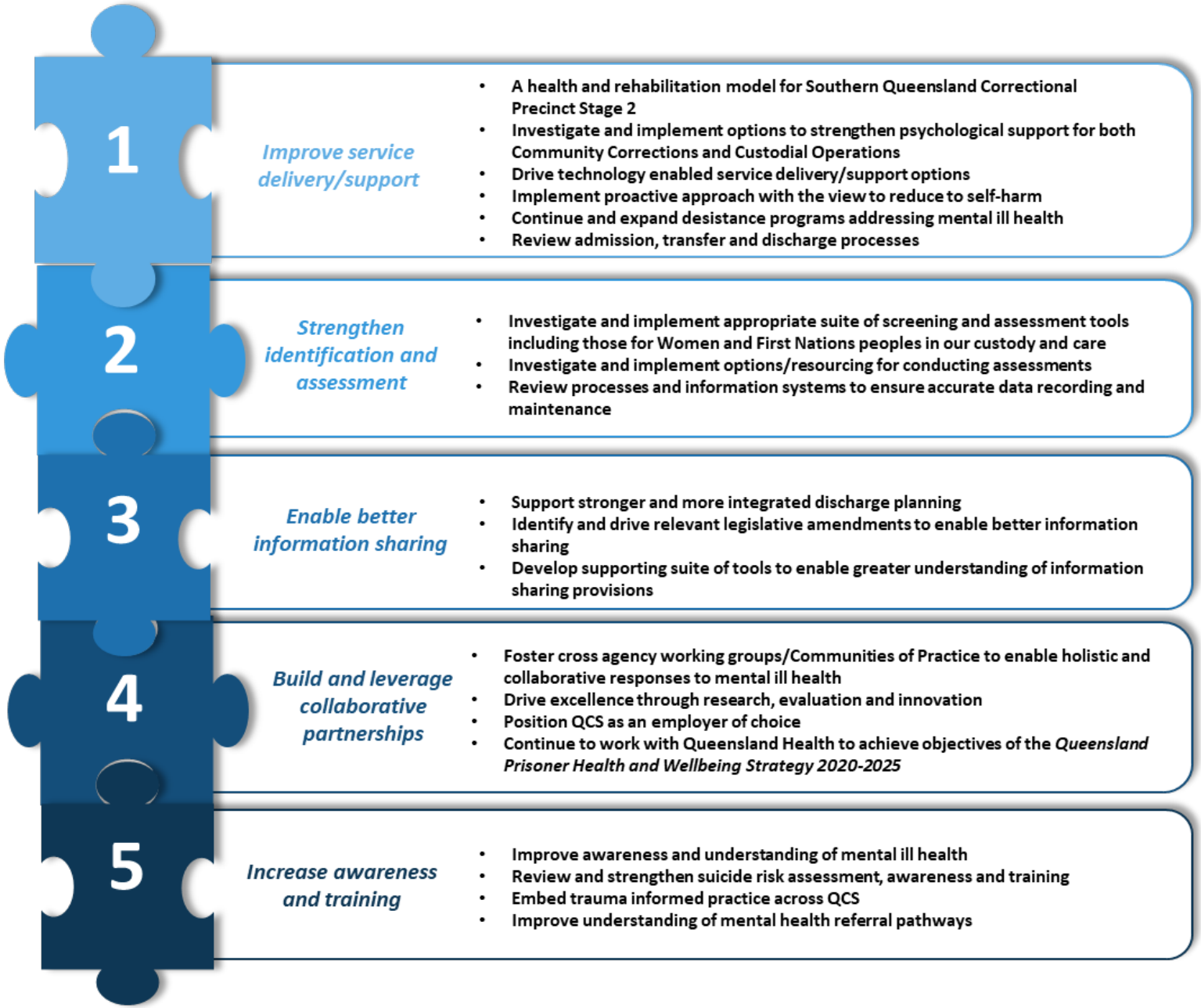
1. PROMOTE SAFETY

We will create a safe environment for our staff and the people in our custody and care, informed by human rights, by improving access to appropriate supports and services for people in our custody and care living with mental ill health.

5. DRIVE INNOVATION

We will implement innovative and evidence-based practices to deliver a person-centred and culturally appropriate service to people in our custody and care living with mental ill health.

Priorities and Initiatives



Introduction

The aim of the Strategy is to guide QCS from its current state to a desired end state in which people in our custody and care living with mental ill health are identified and assessed early, treated with dignity and respect, and have access to the supports and services they need.

While the focus of the Strategy will be on those people in our custody and care, we will continue to explore and strategically assess how we can better support staff living with mental ill health through supporting the development of the QCS Work, Health, Safety and Wellbeing Strategy (currently under development).

Research activities undertaken include an inter-jurisdictional analysis to determine best practice in the area of strategic mental health policy in the Australian correctional context. An internal scan was also conducted to identify current practice, challenges, and opportunities within QCS. This analysis helped to identify the key issues that have shaped the development of this strategy.

An extensive consultation process afforded internal and external stakeholders an opportunity to consider the policy context and the case for action, and provide feedback on the proposed principles, priorities, and initiatives. The initiatives identify areas for QCS to explore over the next five years in our efforts to drive meaningful change. To ensure the Strategy remains flexible and responsive to changes in our internal and external operating environments, the Strategy will be supported by yearly action plans containing short to medium strategies that target the priority reform areas.

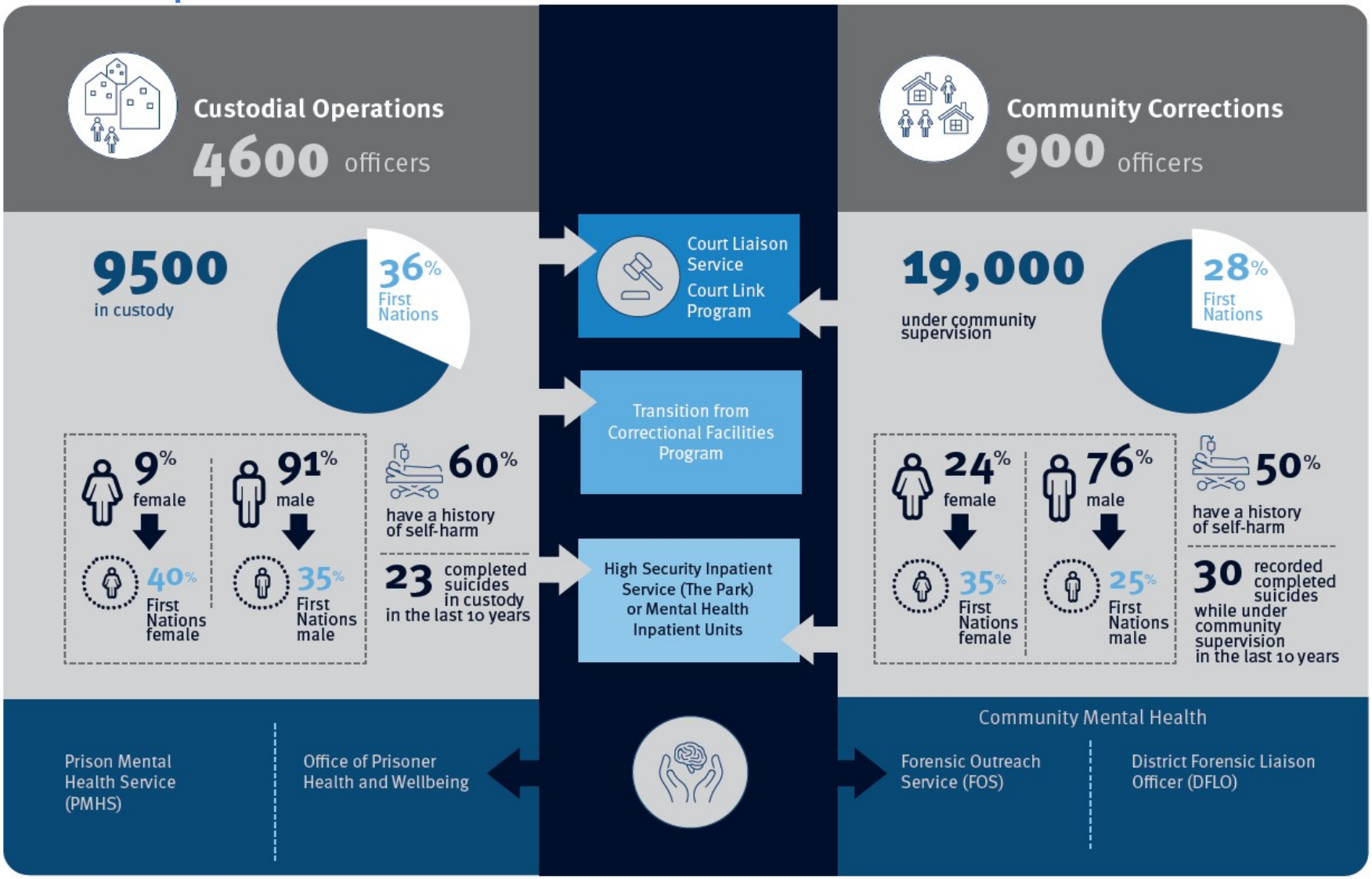
What is mental ill health?

The Queensland Mental Health Commission[1] defines mental ill health as '*the diminished mental health from a mental disorder or mental health problem'.* Mental ill health can be either transient in nature or more pervasive. Both can have debilitating effects on a person's day to day functioning. This continuum includes mental health disorders where a person's ability to think, feel and interact with other people is significantly affected and is diagnosed according to standardised criteria. It can also include those whose emotional, social and behavioural aspects are affected, however not to the extent of formal diagnosis.

It is often recognised that mental ill health is strongly associated with substance use. Problematic substance use may cause mental ill health or conversely, mental ill health may lead to substance use as a coping mechanism[2]. *Co-occurrence* refers to the presence of both a substance use disorder and mental ill health and is considered complex in nature[3]. Those in custody or under community supervision experience co-occurring mental ill health and substance use disorders at higher rates than the general population.

Psychosocial disability is a term used to describe a disability that may arise from mental ill health. We acknowledge that not everyone who experiences mental ill health will have a psychosocial disability, but for people who do, it can be severe, longstanding and impact on their recovery. For the purpose of this Strategy, psychosocial disability will be addressed in the forthcoming Disability Strategy.

QCS: A snapshot



Unpublished QCS data and approximate figures as at August 2022

The case for change

The Queensland Productivity Commission[4], in its 2019 report on imprisonment and recidivism, noted that Queensland prisoners were more likely to experience high or very high levels of psychological distress. Entering the custodial environment is a critical risk period for those living with mental ill health. It can exacerbate symptoms and limit access to typical coping mechanisms. This is particularly the case for those experiencing custody for the first time.

Currently, mental healthcare in correctional facilities is siloed, with no measurement of outcomes, or complete and reliable data on the prevalence of mental ill health and the mental health needs of this population. The 57th Parliament Mental Health Select Committee Inquiry into the Opportunities to Improve Mental Health Outcomes for Queenslanders (the Qld Mental Health Inquiry) noted the considerable opportunity to improve mental health care across the criminal justice system by focussing on prevention and early intervention rather than the criminalisation of those living with mental ill health. Specifically, the Qld Mental Health Inquiry observed that individualised, tailored psychological treatment was almost non-existent for those in custody living with mental ill health[5] and an integrated response to mental ill health across the criminal justice system would be ideal. It is hoped the Strategy will be the catalyst for such conversations.

For Community Corrections, there is currently no in-house mental health model, leaving them entirely reliant upon support and services available within the region they operate. For individuals located within regional and remote areas, services are often limited, unaffordable, and/or have long waitlists resulting in mental health needs being unmet.

People living with mental ill health in contact with the criminal justice system tend to have complex needs, including co-occurring substance misuse; physical health issues, along with cognitive and intellectual disabilities. They are more likely to experience factors of social disadvantage, including housing instability, low educational attainment, unemployment, and poorer health outcomes. A recent study by the Kirby Institute, the New South Wales Department of Health and the New South Wales Department of Corrective Services[6] found that reoffending decreased when the number of mental health service clinical contacts increased. The likelihood of reoffending was five times higher for people living with mental ill health who did not receive mental healthcare support in the community.

Mental health statistics are not routinely collected within QCS. Identified barriers to information sharing between agencies, as well as among Custodial Operations and Community Corrections, also prevent a holistic, person-centred approach in managing the people in our custody and care experiencing mental ill health. Training to support staff effectively manage those living with mental ill health, raise awareness and reduce stigma has been identified as a priority throughout on the development of the strategy.

The above snapshot demonstrates that potentially, a significant proportion of those in our custody and care experience mental health ill health. Further work to determine prevalence would be beneficial to understand our current state and where to strategically focus our resources.

Currently, QCS seeks to support individuals with complex needs with a mix of staff and internal and external service providers. However, the demand to adequately address the needs of this

population far outweighs the available resources. Ultimately, through implementing services, supports and systems that promote human rights and meet international obligations, QCS seeks to improve outcomes for those people in our custody and care living with mental ill health.

The End-to-End case management project aims to transform the way we manage people in our custody and care through implementing a whole-of-sentence case management framework ensuring continuity of service throughout a person's whole correctional journey. This evidence-based approach underpins the person-centric management of people in our custody and care maximising the chance for rehabilitation and successful reintegration.

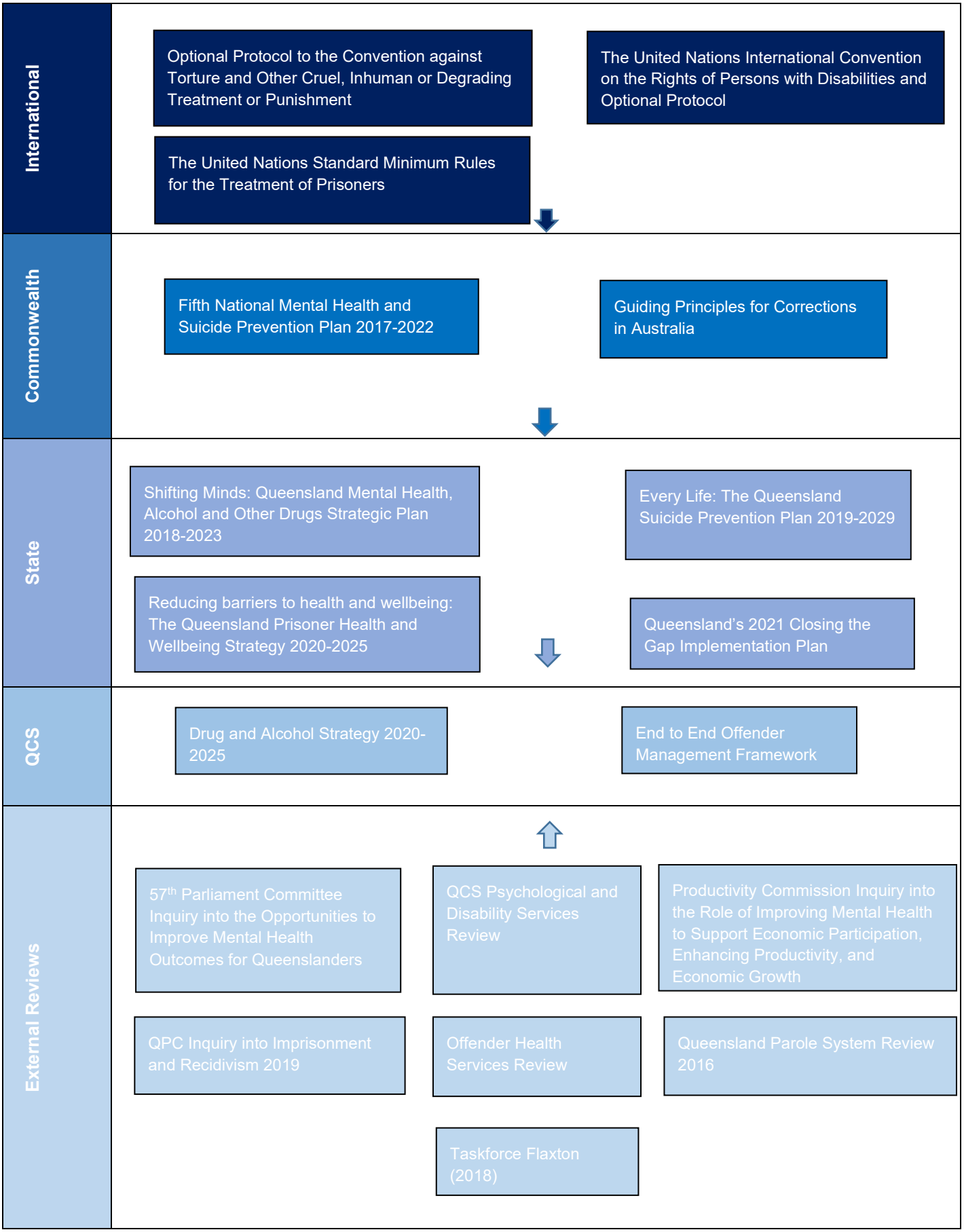
The end goal will be to contribute to reducing recidivism among this cohort through a shift in the way QCS as an enterprise responds to people in our custody and care living with mental ill health. The End-to-End case management project, along with the Southern Queensland Correctional Precinct Stage 2 project (SQCP S2) health and rehabilitation focus, will provide a benchmark for QCS.

The *Mental Health Strategy 2022-2027* will provide a strong foundation, building upon the extraordinary work already undertaken, that will assist QCS achieve its strategic vision: a corrective services system that recognises and supports all people in our custody and care living with mental ill health.

The policy context

A range of policies and recommendations at the international, national, state, and enterprise level have informed the development of this Strategy. By ensuring consistency with this policy context, the Strategy will link QCS with broader social policy objectives. Implementation of the Strategy will contribute to building awareness and understanding of the organisation's strategic vision among staff.

The below diagram illustrates the various policy instruments and external reviews that have shaped the Strategy.


International
Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
The United Nations International Convention on the Rights of Persons with Disabilities and Optional Protocol
The United Nations Standard Minimum Rules for the Treatment of Prisoners
Commonwealth
Fifth National Mental Health and Suicide Prevention Plan 2017-2022
Guiding Principles for Corrections in Australia
State
Shifting Minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018-2023
Every Life: The Queensland Suicide Prevention Plan 2019-2029
Reducing barriers to health and wellbeing: The Queensland Prisoner Health and Wellbeing Strategy 2020-2025
Queensland's 2021 Closing the Gap Implementation Plan
QCS
Drug and Alcohol Strategy 2020-2025
End to End Offender Management Framework
External Reviews
57th Parliament Committee Inquiry into the Opportunities to Improve Mental Health Outcomes for Queenslanders
QCS Psychological and Disability Services Review
Productivity Commission Inquiry into the Role of Improving Mental Health to Support Economic Participation, Enhancing Productivity, and Economic Growth
QPC Inquiry into Imprisonment and Recidivism 2019
Offender Health Services Review
Queensland Parole System Review 2016
Taskforce Flaxton (2018)

Priority 1 - Improve service delivery/support for mental ill health

The vision for the *Mental Health Strategy 2022-2027* is to improve outcomes for people in our custody and care who are living with mental ill health. The Productivity Commission Inquiry into Mental Health Report and Qld Mental Health Inquiry both conclude that service delivery and support for people living with mental ill health within the criminal justice system needs improvement. As previously highlighted, the likelihood of reoffending is five times higher for people living with mental ill health who do not receive mental healthcare in the community. Continuity of care, delivered through a holistic, person-centred approach is vital in successful reintegration following release from prison.

Aligning with both the *Shifting Minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018-2023* and *Every Life: Queensland Mental Health Commission's Suicide Prevention Plan 2019-2029*, we will improve service delivery for people in our custody and care living with mental ill health.

KEY INITIATIVES

A health and rehabilitation model for Southern Queensland Correctional Precinct Stage 2

In 2020–21, QCS commenced construction of the new $861 million correctional centre near Gatton for men. The Southern Queensland Correctional Precinct Stage 2 (SQCPS2) project will deliver over 1500 beds and provide state of the art, purpose-built facilities for the humane and safe management of men in custody with complex needs. The SQCPS2 will follow a health and rehabilitation model, with a focus on addressing the mental and physical health and wellbeing needs of those in custody.

Investigate and implement options to strengthen psychological support for both Community Corrections and Custodial Operations

There is a significant gap in psychological support for Community Corrections. With the responsibility of supervising over 19,000 individuals, it is likely a large proportion of these would be living with mental ill health. To improve service delivery to those under community supervision, QCS will investigate options to strengthen psychological support for Community Corrections similar to the current Psychological and Disability Services model for Custodial Operations.

In addition to investigating a psychological service delivery model for Community Corrections, QCS will explore the feasibility of adopting an allied health service delivery model to strengthen a person-centred, holistic approach to managing mental ill health amongst our population.

Drive technology enabled service delivery/support options

Aligning with the *Queensland Prisoner Health and Wellbeing Strategy 2020-2025* (the Prisoner Health Strategy), QCS will drive technology-enabled service delivery and support for those living with mental ill health. This will include psychoeducation, desistance programs with online modality, and potential access to mental health specialist support.

In addition to support for people in custody and under community supervision, QCS will drive technology-enabled tools for multidisciplinary staff to administer assessments and conduct interventions. Throughout consultation, we identified that better technology would be beneficial to psychologists and other allied health staff in performing their duties. The use of technology would result in more efficient and timely service provision through the removal of paper-based assessments.

Implement proactive approach with the view to reduce self-harm

As of August 2022, there were approximately 200 individuals in custody on At Risk observations, with a total over 14,000 across both Custodial Operations and Community Corrections having a history of self-harm. QCS experiences high volumes of self-harm incidents resulting in heavy demand on psychological staff and the Custodial Correctional Officers (CCOs) responsible for the day-to-day management of these individuals. Along with a growing population and increase in individuals with complex and challenging needs, there has been a 210% increase in the number on At Risk observations between 2015 and 2020[7]. Self-harm incidents can be traumatic for responding staff and create an unsafe and unstable environment for all involved. Furthermore, suicide can have long lasting, devastating effects on other individuals in custody, family members and responding staff. Additionally, release from custody into the community is a critical risk period for those in custody. Social determinants of health such as poverty, homelessness, and unemployment all have negative impacts on an individual's mental health resulting in an increase of risk of self-harm and suicide. Research suggests that women released from prison are 14.2 times more likely to die from suicide than the general population, with men being 4.8 times more likely than the general population[8].

In order to meet our obligations under the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment obligations, and in preparation for the implementation of National Preventative Mechanism (NPM) inspections, QCS will need to review its management of our At Risk population. It is acknowledged that there needs to be a balance between managing the priority of staff safety and the risk to the individual with a focus on trauma-informed, therapeutic outcomes. Furthermore, our approach to At Risk management needs to consider the cultural requirements of our First Nations people and the exclusive needs of women in our care.

Throughout our consultation, we have heard anecdotal evidence of proactive approaches to managing At Risk populations including the use of weighted blankets, distraction techniques, implementing alternate behaviour management plans and even modification of infrastructure. QCS will evaluate promising local level initiatives to build an evidence-base and identify best practice approaches to managing At Risk individuals suitable for wider roll-out. As a result, we will create a safer environment for staff, visitors and people in our care living with mental ill health while reducing vicarious trauma.

Continue and expand desistance programs addressing mental ill health

QCS will continue to implement actions from the *Every Life: The Queensland Suicide Prevention Plan 2019-2029* through delivering and expanding desistance programs for those in our custody and care living with mental ill health including:

- Build Don't Break Resilience Program;

- Brother Brother Cultural Program;
- Real Understanding of Self-Help;
- Red Cross Sisters for Change (including the two day nationally accredited Aboriginal and Torres Strait Islander Mental Health First Aid course).

In addition to the above programs, QCS will investigate, with the view to implement, additional desistance programs addressing the needs of people in our custody and care who are living with mental ill health. Options for technology-based programs will also be explored for both Custodial and Community Corrections. This initiative will also support the implementation of the End-to-End Offender Management Framework by addressing the responsivity needs of this population and contribute to the 'Reduce Demand' objective of the *QCS Drug and Alcohol Strategy 2020-2025.*

Review admission, transfer and discharge processes

QCS will review the current admission process to identify areas of improvement for people living with mental ill health entering our custodial environment. Reception can be a critical risk period for people living with mental ill health, especially if it is their first time in custody. Due to the pressure of processing large numbers of individuals, information gathered during reception interviews may not be a true reflection of a person's mental health status. The Productivity Commission Inquiry into Mental Health Report noted that assessment for mental health needs to occur not only upon reception but throughout a person's journey in the correctional system.

In addition to our reception process, QCS will review its transfer and discharge process for people in our custody and care living with mental ill health. This review will include investigation into appropriate transfer processes from courts, mental health facilities, and between correctional centres. Such transfers can be stressful for the individual and can create an unsafe environment for staff. It is crucial that transfer processes, and individuals being transferred, are supported by appropriate information and an understanding of individual needs.

For First Nations peoples, transfer can be frightening, especially if it results in being removed off country and away from community support. Additionally, there may be issues with accommodating those with avoidance relationships and language barriers resulting in an exacerbation of anxiety. Community consultation and collaboration prior to transfer would provide the necessary advice around the appropriateness of the transfer and any subsequent prison placement.

Improving our transfer, discharge and admission processes will result in a safer environment for all and maximise the chances of successful reintegration.

SUCCESS MEASURES

- Reduction in recidivism across this cohort
- Reduction in self-harm and suicide incidents
- Reduction in time spent under observations

Priority 2 - Strengthen identification and assessment of mental health

The early identification and assessment of mental health is a critical component of effective service delivery. It is difficult to identify where to strategically focus our resources, and provide adequate support to those affected, without understanding the extent to which mental ill health affects the people in our custody and care. Currently, the true prevalence of mental ill health among people in our custody and care is not known.

Comprehensive assessment to identify people in our custody and care living with mental ill health has been recommended in both the public hearings of the Royal Commission and the Productivity Commission Inquiry into Mental Health Report. Similarly, the United Kingdom's House of Commons' Inquiry into Mental Health in Prisons acknowledges the importance of early identification to ensure appropriate service delivery to people living with mental ill health[9]. Additionally, the QCS End-to-End Offender Management Framework states assessment is critical in identifying responsivity issues to promote a person-centred approach to case management and reduce recidivism.

By improving our identification and assessment of mental ill health upon intake and throughout a person's correctional journey, we can strengthen support and better identify appropriate referral pathways. Through addressing responsivity needs we will contribute to reducing recidivism for this cohort.

KEY INITIATIVES

Investigate and implement appropriate suite of screening and assessment tools including those for Women and First Nations peoples in our custody and care

It is vital that our identification and assessment processes are supported by evidence and are robust and valid for the cohorts we care for. This initiative aligns with QCS' evidence-based approach as outlined in *Corrections 2030.* It will also support the End-to-End Offender Management Framework by investigating screening and assessment tools for identifying mental ill health.

In support of the development of the QCS First Nations Strategy and Women's Strategy, this initiative will also ensure a culturally and gender appropriate suite of screening and assessment tools is identified.

Once identified, QCS will implement a suite of screening and assessment tools to improve service delivery for people in our custody and care living with mental ill health.

Investigate and implement options/resourcing for conducting assessments

In an environment of high demand and competing priorities, exploring options for the feasible implementation of screening and assessment processes is needed. Internal and external reviews have acknowledged that a significant proportion of our psychologists' workload revolves around administrative tasks rather than core intervention. Options for how we can reallocate administrative functions will be investigated. This will enable our psychologists to strengthen their primary focus on holistic management and intervention to support the mental health,

wellbeing and safety of people in custody. This initiative will support the recommendations from the KPMG Psychological and Disability Services Report.

Throughout our consultation it was also noted that some areas engage with universities to support student placements. Both Community Corrections and Custodial Operations have utilised students to assist in providing counselling services and support to the psychological staff, along with facilitating rehabilitation programs. We will explore options for how we can leverage our partnerships with universities to support our critical psychological services. In conjunction, we will explore how we can partner with government and non-government agencies to capitalise on previously conducted assessments. Accessing available assessment information, with consent, will inform treatment, reduce duplication of effort and support a trauma-informed approach to caring for people living with mental ill health.

Review processes and information systems to ensure accurate data recording and maintenance

Currently there is limited, reliable data recorded within QCS' Integrated Offender Management System (IOMS) to identify people living with mental ill health, hindering our ability to provide adequate support, in line with human rights, for people in our custody and care. It also prevents us from assessing recidivism rates for this cohort.

The majority of data relating to an individual's mental health status recorded in IOMS is based on self-reported information collected during the Immediate Risk Needs Assessment (IRNA) upon reception to prison or within the Immediate Risk Assessment or Benchmark Assessment upon entry to Community Corrections.

QCS will review current processes and procedures for recording and maintaining such data, including the use of appropriate warning flags and accessing relevant information held within IOMS.

SUCCESS MEASURES

- Increased proportion of people in our custody and care who are screened as having a potential mental health concern receiving a subsequent comprehensive mental health assessment.
- Adoption of appropriate screening and assessment tools for Women
- Adoption of appropriate screening and assessment tools for First Nations Peoples
- Proportion of people in our custody and care, assessed as having a mental health need, with an active plan

Priority 3 - Enable better information sharing

The sharing of relevant and necessary information is a key element of holistic and integrated service delivery. Being able to confidently, and appropriately share information across our agency, and with our government and non-government partners, will support our objective of improved service delivery and support for people living with mental ill health.

The Qld Mental Health Inquiry recognised that government agencies often operate in silos rather than in collaboration. Similarly, the Productivity Commission's Inquiry into Mental Health recommended communication between the criminal justice system and existing mental health service providers be implemented, with the consent of the individual.

There are many barriers to information sharing, particularly, between government agencies and non-government organisations. Consultation revealed staff often felt confused and lacked confidence in their ability to share information. We also heard of barriers to receiving timely information such as last-minute discharges and staff movements. This makes it difficult to adequately provide support to people in our custody and care living with mental ill health and undermines the concept of an integrated, person-centred approach. The Prisoner Health Strategy recognises that reducing the barriers to appropriate and timely information sharing is central to improved service delivery.

The transition from prison to life outside can be challenging, even more so for those living with mental ill health. Continuity of care following release, enabled by appropriate information sharing, will increase the chances of successful reintegration into society and contribute to reducing recidivism. For those being released under community supervision, this vital information sharing will assist in their effective case management.

KEY INITIATIVES

Support stronger and more integrated discharge planning

We have heard many positive stories where individuals with complex needs have been extensively supported upon release from custody and have remained in the community successfully. At the heart of this success is integrated discharge planning involving information sharing, engagement with other government agencies and adopting a person-centred approach. Furthermore, engaging with an individual's social supports, with their consent, as part of discharge planning strengthens the reintegration process.

In support of the End-to-End case management (E2E) project QCS will develop clear discharge planning procedures for people in custody living with mental ill health including the implementation of mental health care plans prior to discharge.

Identify and drive relevant legislative amendments to enable better information sharing

QCS will identify potential areas of the *Corrective Services Act 2006* where amendments may enable better information sharing. Additionally, QCS will ensure relevant Memorandum of Understandings (MOUs) are developed, updated and implemented to allow appropriate information sharing between agencies and community organisations.

Develop supporting suite of tools to enable greater understanding of information sharing provisions

To empower staff and increase confidence in information sharing, QCS and relevant partner agencies will develop a suite of tools to support more effective information sharing. These guidelines will provide clarity around when, how and what information can be shared between government agencies and non-government organisations, as well as within QCS. QCS will also implement awareness training for staff to ensure understanding of the provisions required when sharing information.

SUCCESS MEASURES

- Proportion of QCS staff trained in information sharing frameworks and provisions
- Proportion of MoUs (relevant to mental health) that are current and up to date
- Proportion of those in custody identified with a mental health need released to community with mental health discharge plan.

Priority 4 – Build and leverage collaborative partnerships

Developing and maintaining strong collaborative partnerships will support a person-centred approach to managing people in our custody and care living with mental ill health. Effective service delivery requires such relationships to achieve the best possible outcome and enable continuity of care.

During early consultation we saw evidence of how best practice collaboration with stakeholders can improve outcomes for people in our custody and care living with mental ill health. These strong relationships enable appropriate information sharing, leveraging on expertise and a responsive approach to managing our complex needs population. The consultation phase for this Strategy itself has proven successful in building upon existing and developing new relationships, bringing together various stakeholders in support of a system wide approach to mental health.

With the need to address overrepresentation of First Nations peoples within our system and contribute to the *Queensland's 2021 Closing the Gap Implementation Plan*, QCS needs to develop strong partnerships with the First Nations community. Strengthened partnerships will facilitate self-determination through the implementation of First Nations peoples-led initiatives within our business. This is especially crucial when it comes to understanding mental health from a cultural perspective.

KEY INITIATIVES

Foster cross agency working groups/Communities of Practice to enable holistic and collaborative responses to mental ill health

QCS will continue to be represented on cross agency working groups and informal Communities of Practice. QCS will also identify further opportunities to build collaborative relationships with relevant stakeholders, particularly to support our most vulnerable cohorts.

QCS will also continue to be represented on the Closing the Gap Partnerships Committee and will consult with Elders in the implementation of this Strategy. Additionally, QCS will build relationships with local Community Justice Groups to increase support for First Nations peoples living with mental ill health in custody and under community supervision. These relationships will promote continuity of care for people in our custody and care living with mental ill health.

Drive excellence through research, evaluation, and innovation

QCS is committed to evidence-based practice and will continue to engage with researchers within the academic, government and non-government sectors. To achieve outcomes under Priority Two and leverage our existing partnerships, QCS will undertake a literature review to identify appropriate screening and assessment tools for mental health. This will include consultation with First Nations research community to identify a culturally sensitive suite of screening and assessment tools. Additionally, research to establish prevalence and identify best practice approaches to managing people with mental ill health will be conducted.

To strengthen our evidence base, QCS will evaluate promising local-level initiatives for suitability for state-wide rollout.

Position QCS as an employer of choice

Building on existing relationships with universities, QCS will position itself as an employer of choice for university students from a range of disciplines. By promoting QCS' approach to mental health under the Strategy, we will develop a pipeline of future employees who share QCS' vision and values. We will align with QCS' Workforce Strategy 2022-2027 and *Aboriginal and Torres Strait Islander Recruitment Strategy* through this initiative.

Continue to work with Queensland Health to achieve objectives of the *Queensland Prisoner Health and Wellbeing Strategy 2020-2025*

As highlighted within the Prisoner Health Strategy there is a need to investigate innovative approaches to mental ill health due to our highly demanding operating environment. QCS will contribute to this strategy through the exploration of cost-efficient options for managing people in our care living with mental ill health including the use of infrastructure to create a safer and more inclusive environment for all. As previously discussed, those living with mental ill health are also more likely to experience poor physical health. Therefore, we will continue to work with Queensland Health to drive progress towards all of the objectives of the Prisoner Health Strategy.

SUCCESS MEASURES

- Number of newly established collaborative partnerships including cross agency working groups, non-government organisations and First Nations community
- Number of identified evidence-based best practices for people in our custody and care living with mental ill health implemented across QCS
- Number of student placements within Offender Development Team
- Number of identified local level initiatives evaluated for state-wide roll out

Priority 5 – Increase awareness and training

Mental ill health is complex in nature and can manifest in a variety of ways, often with co-occurring issues such as substance misuse. Particular behaviours can often be interpreted as non-compliant, aggressive and problematic and result in ineffective or inappropriate responses.

This is particularly evident for our First Nations peoples, where the concept of mental health can differ among the community and even more so when compared to the Western population. Underpinning the Gayaa Dhuwi (Proud Spirit) Declaration[10] is the recognition that such cultural differences need to be understood to deliver effective mental health services for First Nations peoples. Increasing our cultural capability in the area of mental health is echoed throughout all government policy instruments and has been raised within the Productivity Commission Inquiry into Mental Health Report.

To respond to the complexity of this population, staff need to understand how mental ill health can present and affect one's behaviour including differing cultural presentations and beliefs. During consultation, it has been identified there needs to be an increase in awareness and training for staff.

It is recognised that people coming into contact with the criminal justice system may have not had any prior contact with mental health services. For some, mental ill health is first detected upon admission or because of problematic institutional behaviour such as violence or engaging in self-harm.

To increase insight and self-agency, it's important to provide information to assist those in custody and under community supervision in understanding mental ill health and how they can develop strategies to cope. Strengthening this resource for our population will result in a safer environment for all and improve outcomes for people in our custody and care living with mental ill health.

KEY INITIATIVES

Improve awareness and understanding of mental ill health

To enable staff to feel confident in managing people in our custody and care living with mental ill health, QCS will review its current training offerings in this area. Building upon existing collaborative relationships and expertise, QCS will refine, develop and implement training to improve our ability to recognise how mental ill health can affect an individual's behaviour. In particular, QCS will ensure understanding of how mental ill health differs for our vulnerable cohorts, including First Nations peoples and women, is embedded within the training.

By building staff awareness of how to interpret and respond to different behaviours, staff will be empowered to practically support this vulnerable cohort. As a result, QCS will create a safer environment for staff, visitors, people in our custody and care living with mental ill health, and ultimately the Queensland community.

QCS will work with partner agencies to make resources available for people in our custody and care living with mental ill health to increase awareness, understanding and assist in their recovery. These resources will also be made available to their social supports as a strategy to improve reintegration upon release.

Review and strengthen suicide risk assessment, awareness and training

Drawing upon established relationships with other government agencies and the research sector, we will identify appropriate suicide risk assessments including gender-specific approaches to support the development of the Women's Estate Strategy. In conjunction with Priority Four's initiative of driving excellence through research, evaluation, and innovation we will adopt evidence-based best practices in the area of suicide risk assessment. Once established, we will implement training to increase the awareness of suicide/self-harm management across the Agency. This initiative will support achieving QCS' actions under the *Every Life: The Queensland Suicide Prevention Plan 2019-2029*.

With overrepresentation of First Nations peoples within the criminal justice system and QCS, it is crucial we identify a culturally appropriate risk assessment tool which considers gender, 'sorry cutting' and other cultural factors when evaluating risk of suicide/self-harm. This will also include how we administer our risk assessments to our First Nations peoples and associated training to increase cultural capability. We will support the implementation of the QCS First Nations Strategy through this initiative.

Embed trauma informed practice across QCS

It is often recognised that those within the criminal justice system have experienced some form of trauma during their lives. Trauma-informed practice provides a lens through which we can understand how trauma affects lives and shape our service delivery accordingly. The Anti-Discrimination Commission Queensland's (now known as the Human Rights Commission) 2019 report into *Women in Prison* highlights women are among the most vulnerable of our population.[11] Additionally, our overrepresented First Nations peoples have experienced ingrained intergenerational trauma stemming from the Stolen Generation, including suicide, drugs and alcohol abuse, removal of children, loss of belonging, loss of language, traditions, and cultural knowledge. It is critical that QCS adopts a trauma-informed approach to how we manage people in our custody and care living with mental ill health, and across the general QCS population.

In line with the Prisoner Health Strategy, and recommendations from the Anti-Discrimination Commission Queensland's 2019 report, QCS will embed trauma-informed practice throughout its practice. This will be achieved by identifying evidence-based best practice through research and implementing awareness training across the Agency.

Improve understanding of mental health referral pathways

To enable a holistic, person-centred approach, staff require knowledge of available referral pathways when seeking support for people in our custody and care living with mental ill health.

To ensure all staff are equipped with the knowledge of where, how and who to refer people in our custody and care living with mental ill health, QCS will develop resources to improve the understanding of available referral pathways. Improving staff understanding will contribute to the continuity of care for people in our custody and care living with mental ill health and increase their support.

SUCCESS MEASURES

- Proportion of QCS staff who have completed mental health training
- Proportion of QCS staff who have completed the Aboriginal and Torres Strait Islander Mental Health First Aid training
- Proportion of QCS staff completed suicide/self-harm awareness training
- Proportion of custodial staff responsible for conducting risk assessments, trained in suicide risk assessment

Next Steps

THE MENTAL HEALTH ACTION PLAN 2022-2023

Following the release of the *Mental Health Strategy 2022-2027*, ESG will commence consultation with key stakeholders on the development of the Mental Health Action Plan 2022-2023. This will include workshops with frontline staff to understand how best to operationalise the overarching principles included in this Strategy.

EVALUATION AND REVIEW

The Action Plan will be reviewed on an annual basis to monitor progress and ensure activity continues to meet the overarching principles of the Strategy.

References

[1] Queensland Mental Health Commission. 2019. Initial Submission to the Productivity Commission by the Queensland Mental Health Commission

[2] Queensland 57th Parliament Mental Health Select Committee Inquiry into the Opportunities to Improve Mental Health Outcomes for Queenslanders

[3] Co-occurring substance use disorders and other mental health disorders:policy position statement for Mental Health Alcohol and Other Drugs Services 2021

[4] Queensland Productivity Inquiry into Imprisonment and Recidivism (2019) https://www.qpc.qld.gov.au/inquiries/imprisonment/

[5] Queensland 57th Parliament Mental Health Select Committee Inquiry into the Opportunities to Improve Mental Health Outcomes for Queenslanders

[6] New South Wales Government Submission to the Productivity Commission's Draft Report on Mental Health 2020 p.19

[7] Unpublished QCS data provided 2020

[8] Spittal, M.J., Forsyth, S., Pirkis, J., Alati, R., & Kinner, S. A. (2014) Suicide in adults released from prison in Queensland, Australia: a cohort study. Journal Epidemiol Community Health

[9] United Kingdom House of Commons Justice Committee (2021), Mental health in prison

[10] National Aboriginal and Torres Strait Islander Leadership in Mental Health (2015),Gayaa Dhuwi (Proud Spirit) Declaration

[11] Anti Discrimination Commission Queensland, 2019. Women in Prison a human rights consultation report.