

Prisoner wellbeing

BEVAN WANG

GPs are at the forefront of providing much-needed quality primary healthcare to Australian prison inmates.



From top: Cameron Loy believes GPs working in prisons have a responsibility to treat inmates the same way they would any other patient; the NFSI's Fraser Moss said one of the biggest challenges facing custodial health is maintaining quality healthcare once people are released from prison.

Given what many imagine when they think of prisons – people in orange jumpsuits, flickering fluorescent lights, tough guards – it would be easy to think the health of inmates is not necessarily as good as in the general community. But for GPs working within the Australian custodial system, inmate health is as important as it is for anyone else.

And what is likely not often considered is the improvement in many of the inmates' health and wellbeing while in prison and once they are released. According to *The Health of Australia's Prisoners 2012*, a study from the Australian Institute of Health and Wellbeing (AIHW), more than half (57%) of all released inmates feel their health is better since having been in prison.

Dr Cameron Loy, a Victorian GP with more than eight years' experience in prison health, including at Victoria's Metropolitan Remand Centre in Ravenhall, attributes this figure to the quality healthcare inmates receive when in detention. He believes it is too easy for people to focus in the negative aspects of life in prison.

'We should be focusing on the good that is happening in prison, looking at the great health outcomes that are happening,' he told *Good Practice*.

'People are actually describing that they are much better in prison than outside. That is due to the fact that we keep them alive with good healthcare.'

Like any other patient

In the last decade, the Australian prison population has increased by around 25%,¹ which means the prison health system has to deal with more patients than ever before.

According to the Australian Bureau of Statistics, as of 30 July 2013 there were close to 31 000 prisoners in Australia, of which 92% were male and 8% female. Many are either in remand, awaiting trial or sentencing, or serving short sentences, which results in the regular movement of inmates.

As Loy points out, the time a person spends in prison is actually only a small part of their life and the focus should be on the individual, rather than their crime and subsequent punishment.

'There is a whole lot that has happened before they enter prison that rolls into prison,' he said. 'What the public often miss is the fact that prisons, for many inmates, are short periods in their life.'

For GPs working in prisons, there is no difference between the patients in detention and those they see in the larger community. Regardless of the fact they are treating a person who has offended and been sentenced to rehabilitate, the level of care does not change.

'The question is, "Why would you treat them any differently?," and that goes back to the fact that it is not for me to judge, it is for me to do my job,' Loy said. 'The presentations are what you would get in a general community when you are dealing with marginalised vulnerable populations.'

“ We have a role to give [inmates] an experience of a doctor who is going to treat them straight ”

'This is not about treating differently. If I'm doing that, I'm doing the wrong job.'

Loy believes the media's portrayal of what he calls 'sensationalised' stories dismisses the fact prisoners are everyday individuals who have made poor decisions in their life.

'The vast majority of people who are in a prison have made a really dumb mistake with severe consequences,' he said.

Loy is also careful to point out that for many inmates life on the outside can be very troubled and quality medical care is often not easily accessible. But while in prison, where they are able to receive that quality medical care, they are the same part of the healthcare system as anybody else.

'When you take them out of [what is] sometimes a very toxic, drug-riddled environment they are living in and put them in prison, they are [like] you and me. I think that that distinction is very important,' he said.

According to the AIHW study, 67% of Australian inmates surveyed in the previous 12 months consulted with a medical



For many inmates, their period of incarceration is one of only times in their life they are able to easily access quality healthcare.

professional in prison, while 88% said they could easily access one. However, this can create a complex situation in that after potentially years of being unable or unwilling to receive it in the community, inmates are now presented with the opportunity to access the type of healthcare many take for granted.

'This is one of the very few occasions in their lives that they are actually faced with quality, good healthcare that they can access,' Loy said. 'They might be inmates, but they are still people, and they still come out of prison. We have a role to give them an experience of a doctor who is going to treat them straight, as upfront as they can.'

'If we say that prisoners are less deserving than the public, shouldn't we then go into the community and say some people are less deserving than others? Some areas are less deserving than others?'

'Then we get ourselves into a very difficult environment that is absolutely out of line.'

Total care

Mental health, including as the result of drug and alcohol abuse, is a significant issue within the prison population. The AIHW's study found almost half (46%) of the inmates leaving Australian prisons have been told they have a mental health issue.

Dr Fraser Moss, Health Services Directorate for Offender Services at the WA Department of Corrective Services and Chair of the RACGP's National Faculty of Specific Interests (NFSI) Custodial Health network, believes effective management of mental health in prisons is key to the survival of inmates, especially with the increase in such diagnoses.

Upon arriving at prison, an inmate receives an initial medical screen at reception, which is followed by an assessment of their mental state. With a team of psychiatrists, mental-health nurses and GPs in consultation, inmates who have mental health issues are then placed in appropriate management programs.

Moss credits the prison environment as

NFSI Custodial Health network

RACGP members providing any services to prisons or juvenile detention centres, or any members with an interest in custodial health, are invited to join the NFSI Custodial Health network. Being part of the network allows the sharing of information and experiences between colleagues and provides an opportunity to plan and participate in the improvement of medical skills and services for a challenging and disadvantaged population of patients. Contact the NFSI at nfsi@racgp.org.au for more information.

being important in the recovery of many of the inmates' mental health issues.

'We can provide them with things that they lack: a roof over their head, three meals a day, a warm bed, regular medical care, [24-hour] access to a nurse, access to a psychiatrist within 24 hours, access to a GP within 24 hours, and supervised medication,' he said. 'I think that is a bit of an advance on what is actually available in the community. It's an example of superior care being available in a prison service.' >>

RACGP resource

Given the often complex problems of health and wellbeing faced by people incarcerated in prisons or detained in custody, the RACGP's *Standards for health services in Australian prisons* is designed to support GPs working in custodial health in achieving better health outcomes for their patients. For more information, visit www.racgp.org.au/your-practice/standards/standardsprisons

Life after prison

While in prison, inmates are under the care of the state and, although they have no access to Medicare or the Pharmaceutical Benefit Scheme (PBS), the state remains responsible for their health and wellbeing. When released, however, they are deemed to be fully competent and responsible for their own health.

Many former inmates, without the ability to easily access medical professionals and

continue their rehabilitation, often fall back into the environment that took them to prison in the first place. Research published in the *Medical Journal of Australia* in 2011 found that between 2007 and 2008 an estimated 400 prisoners died within the first year of release, and around 30% of those within four weeks of release.² According to Moss, this is one of the biggest challenges facing prison health.

'The prisoners' life outside of prison is the challenge that confronts us. Unfortunately, the prison service has no role and no mandate to continue to have any responsibility for their care, or we are precluded to have any interventions after they are released,' he said.

Loy, on the other hand, sees this as part of the good work primary healthcare is achieving in prisons and believes the onus is on inmates to continue getting the care they need.

'We do a really good job at keeping them alive in prison. I think that is actually the really important thing about the level of care that GPs and other health service providers are actually doing in prison,' he explained.

'People are autonomous beings and they make decisions when they walk out of prison and, unfortunately, bad decisions are made.'

Currently in WA, Aboriginal and Torres Strait Islander inmates qualify for the Prison Health Re-Entry Program, in which inmates get together with health workers to ensure appropriate healthcare is sustained outside of prison. It is believed this type of care, encompassing primary healthcare and drug and alcohol services, will help to break the cycle of reoffending.

Although currently only available as part of the Closing the Gap initiative, which is aimed at closing the health gap between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander Australians, Moss hopes this type of service will ultimately be expanded and afforded to all inmates.

'It would be great if we can have that kind of service for all the inmates who are leaving to ensure that they too can continue to rehabilitate their lives outside of prison,' he said. ☺

References

1. Kinner S, Preen D, Kariminia A, et al. Counting the cost: estimating the number of deaths among recently released prisoners in Australia. *Med J Aust* 2011;195(2):64-68.
2. Australian Bureau of Statistics. Prisoner Characteristics, Australia. www.abs.gov.au/ausstats/abs@.nsf/Lookup/4517.0main+features42013 [Accessed November 2013].

Failing to plan for an emergency can cost more than you think

The RACGP has developed an online Emergency Response Planning Tool. The ERPT is a practical tool that guides you through a series of planning templates, where critical information about your practice is used to create an emergency response plan which is individually tailored to your practice.

For more information and or to sign up, visit <https://erpt.racgp.org.au>.

