RACGP

Curriculum and syllabus for Australian general practice (7th edition)

Justice system health

RACGP Curriculum and syllabus for Australian general practice (7th edition): Justice system health.

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

Contents

Justice system health 4
Context 4
References 4
Learning outcomes 5
Key areas of learning 6
Opportunities for learning 8
Words of wisdom 8
Learning strategies 9
Case example 11
Learning resources 12
Assessment 13

Justice system health

Context

Justice-involved people remain one of the most medically and socially marginalised groups in Australia. Although most GPs will not work within custodial settings, many will care for people who are under community supervision or transitioning from detention. Recent national reporting continues to show a disproportionate burden of mental illness, substance use disorders, chronic disease, disability and communicable infections among justice-involved populations, often compounded by homelessness, unemployment and fragmented access to care.[1–3] These needs are frequently unmet before incarceration and after release, positioning general practice as a critical point of continuity, stabilisation, and recovery-oriented care.

Incarceration is closely linked to the social determinants of health and reflects cumulative disadvantage, trauma and social exclusion across the life course. Young people in the justice system commonly experience disrupted education, unstable housing, family violence, and intergenerational patterns of incarceration.[1,3] Aboriginal and Torres Strait Islander peoples are significantly over-represented across youth and adult justice systems, shaped by the ongoing impacts of colonisation, racism, and structural inequity.[4–6] Culturally safe, trauma-informed, and strengths-based primary care is therefore essential.

Periods of detention can create opportunities to identify unmet health needs, initiate treatment, and stabilise chronic conditions.[3,7] However, the transition from custody to community is a period of heightened vulnerability, marked by increased risks of relapse to substance use, mental health deterioration, homelessness, hospitalisation, and preventable death.[8–10] Disengagement from care is a significant issue and risk to health deterioration. Many people seek GP care shortly after release, underscoring the importance of timely access, safe prescribing, continuity of medications, and coordinated follow up.

GPs need to deliver trauma-informed, culturally safe, non-judgemental care, ensuring continuity through medication reconciliation, integration of custodial health information, and timely follow up. They play a key role in managing substance use disorders, practising safe prescribing, and advocating for systems that support safer transitions and improved health equity for justice-involved people.

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Learning outcomes

The GP is able to:

- demonstrate effective, empathic, respectful, culturally safe, and trauma-informed communication with patients involved in the justice system
- demonstrate effective assessment and management of health conditions seen in patients involved in the justice system, including mental health, blood-borne viruses, chronic disease, neurodevelopmental disorders, and substance use disorders
- use a patient-centred approach to negotiate management plans with patients involved in the justice system, taking into consideration the nuances for patients in custody and post release
- use effective health education strategies, that consider the social determinants of health and health disparities, to promote health and wellbeing of patients involved in the justice system
- manage time and priorities to address the complex health and social support needs of patients involved in the justice system
- demonstrate continuity of care for patients entering or leaving prison, including thorough transfer of health information and post-release healthcare delivery
- identify and promote ways to support and advocate for health equity and equitable access to services for patients in custody and people transitioning from custody to the community
- reflect on professional practice, including boundaries, biases, assumptions, and attitudes about patients involved in the justice system
- demonstrate application of medico-legal requirements in delivering care to patients involved in the justice system, including accurate documentation and maintenance of privacy and confidentiality.

Key areas of learning

Background, demographics, and population health

Consider the impacts of the social determinants of health and adverse life events on people involved in the justice system and understand the demographics of people in prison, including:

- structural and social factors, including poverty, racism, discrimination, and social exclusion
- childhood trauma, including neglect, abuse, household trauma, out-of-home care, and parental incarceration
- opportunities for education, housing, and employment
- experience of violence, including interpersonal violence and sexual assault
- health factors, including neurodivergence, mental health conditions, and intellectual and developmental disability
- social inclusion and exclusion, including disrupted family and social networks.

Recognise incarceration as a social determinant of health.

Understand how healthcare is delivered in custody, including:

- the experiences of people involved with the justice system, including remand, sentencing, and parole
- the intersection of the corrective services system and the health services system for people in prison or youth who are in custody
- the delivery of primary healthcare in prisons and youth justice centres, including barriers and facilitators to delivery of healthcare.

Consider the drivers, impact, and solutions to over-incarceration of Aboriginal and Torres Strait Islander peoples, including:

- the effects of socioeconomic marginalisation and disadvantage, colonisation, and societal and institutional racism
- the importance of access to culturally appropriate care.

Approaches to care delivery

Use effective communication and create a therapeutic doctor–patient relationship with people involved in the justice system by:

- identifying patients who are involved in the justice system through patient-centred inquiry and establishment of a welcoming practice
- considering the effects of stigma and bias, including stigma related to incarceration and certain health conditions (such as substance use disorders)
- demonstrating cultural awareness and cultural safety for Aboriginal and Torres Strait Islander peoples
- fostering a trauma and violence-informed practice
- considering the patient's sociocultural context, including health literacy and cultural and linguistic background
- demonstrating effective, respectful and professional communication, including in challenging consultations, such as when patients are distressed or there are mismatched expectations or behavioural concerns.

Competently manage health conditions that are common in people involved in the justice system, including:

- mental health conditions
- substance use disorders; practise safe prescribing to:
    - promote harm reduction
    - provide access to medication-assisted treatment for opioid dependence, alcohol use disorder treatment, and management of other substance use disorders
- blood-borne viral disease such as HIV, hepatitis B, and hepatitis C
- disability, including intellectual and developmental disability (such as foetal alcohol spectrum disorder, autism spectrum disorder, acquired brain injury, learning disability).

Consider population health and incarceration by undertaking health screening and preventive activities; recognising the higher likelihood of communicable and non-communicable disease risk factors and previous poor access to healthcare.

Undertake holistic assessments of people leaving custodial care, and understand the risks as they return to the community, including consideration of:

- continuity of care and transfer of health information
- the risk of health deterioration, in particular relapse to substance use with high risk of accidental overdose, worsening of mental health and increased self-harm risk
- the effects of social exclusion and benefits of social inclusion
- unstable housing and material social support needs
- the wellbeing of the patient's family
- the risk of intimate partner violence
- engagement into long-term treatment for physical, mental or addictive conditions
- connection to community services.

Understand and assist patients to navigate healthcare-adjacent systems that may be relevant after leaving custody, such as Centrelink and NDIS.

Provide accurate information to courts and the justice system, considerate of medico-legal requirements, privacy, and confidentiality.

Promote high-quality health information management and transfer to:

- ensure appropriate confidentiality, consent, and record keeping
- facilitate transfer of appropriate health information when people enter custody.

Opportunities for learning

Words of wisdom

- The first step to providing good GP care to people involved in the justice system is recognising they are likely to have significant health and social support needs. This group of patients are more likely to have experienced adverse childhood events, social disadvantage and trauma. They have higher rates of mental health problems, substance use disorders, disability, communicable disease, and chronic disease. Incarceration is both a result of the social determinants of health and itself a social determinant of poorer health.

- Previous experiences of stigma related to incarceration, substance use, and mental health may mean patients do not disclose their full history (including of incarceration) to GPs or see general practice as the right place to seek healthcare for their many needs. To develop a therapeutic relationship be welcoming, use trauma-informed care, be culturally competent, and allow time to establish trust.

- The post-release period is a time of high vulnerability to deterioration in health and wellbeing and even death. GPs should anticipate the substantial risk of relapse to substance use and non-intentional overdose, and the potential for mental health deterioration and recidivism, on a background of social disruption and isolation. Active engagement by GPs in recognising and responding to health and psychosocial needs can positively change the post-release trajectory. GPs can assist by providing or facilitating mental healthcare, treatments for addiction, strategies to minimise harm from risky behaviours (including treatment for opioid overdose or intoxication), safe and appropriate prescribing, and links to community-based support services.

- Continuity of care on going into, or leaving prison may be poor. People leaving prison may be released into new communities, their previous support structures may have broken down, their care in custody may have been incomplete, and they may not be familiar or connected with local medical or social services. They may struggle to get an appointment with a GP in the community. In this situation, GPs should respond promptly with a comprehensive medical assessment and assessment of needs. People in custody often get released with very little notice – prison health services may not have adequate time to provide a discharge summary before their release. If the patient does not bring their discharge information, the GP should contact the prison health service for health information, with a release of information request signed by the patient.

- GPs need to pay attention to and be skilful in managing substance use disorders and mental health problems for this patient group. This may include initiating mental healthcare plans, recognising substance use disorders as a chronic disease with a relapsing and remitting course, developing care plans, making safe prescribing choices, prescribing medication-assisted treatment for opioid dependence or treatments for alcohol dependence, linking patients to community services, and making them aware of helpful resources.

Learning strategies

On your own

Review the evidence on the social determinants of health in relation to incarceration.

- *Which social determinants of health are issues for people involved in the justice system?*
- *Describe the demographics and health issues of young people and adults including women in custody. What is the role of primary healthcare and general practice in modifying or addressing these?*

Identify patients from your practice who have been in prison. Audit the content and quality of the health information that has been transferred between the prison health service and the practice. Check for evidence of engagement with the patient, an understanding of their social situation, and preventive healthcare. What health problems have been discussed and managed at your practice?

- *What have been some strengths in the way these patients were engaged with, and the quality of care provided?*
- *How could you improve your practice in this area?*
- *What different types of health and social support needs have you identified in these patients?*
- *Compare your own study of the common health conditions seen in individuals involved in the justice system with what has been documented in the assessment and management of patients at your practice.*

Review how you would seek health information from a prison health service about patients leaving prison. Review the appropriate organisation or agency website on how to submit a release of information request. Consider ringing a prison health medical records department for information about the processes for the transfer of health information.

- *What are the contact details for the prison health service medical records department of the prison closest to your practice?*
- *What information could you request? What consent processes are in place?*

With a supervisor

Discuss with your supervisor the role of primary care in prevention of incarceration and recidivism.

- *In what ways can a patient's health problems increase incarceration risk?*
- *What is the role of general practice in preventing incarceration? How may GPs decrease the risk of re-incarceration in patients who have recently been released from prison?*

Discuss prescription drug misuse and the role of GPs in safeguarding patients from drug-related harms without decreasing access to care. Discuss prescription drug misuse in the context of people leaving prison.

- *What are the risks associated with prescription drug misuse on leaving prison? What systems are in place for detecting and monitoring prescription drug misuse in general practice? How does prescription drug misuse challenge the relationship between GPs and patients?*
- *How can GPs promote a welcoming practice and a therapeutic relationship for these patients while prescribing safely? What suggestions does your supervisor have? What is the approach in your practice?*

With your supervisor, review the local justice facilities and local organisations which may be helpful for people leaving prison or the families of people involved in the criminal justice system. Discuss how the practice links justice-involved patients with suitable community services.

- *What are the local justice facilities in your region (including prisons, youth justice centres, and community corrections offices)?*
- *What local services are available? Are there any crisis helplines which may be useful (eg relating to mental health or family violence)? How are these identified and accessed by patients and practice staff? Who in the practice is involved in linking patients to community resources and supports?*
- *Discuss the role of social prescribing for people in contact with the justice system.*

In a small group

Role-play a consultation with a patient who has just left prison and asks you to prescribe opioids for their back pain and medication for their anxiety. They were receiving this treatment at your practice before going into custody six months earlier.

- *What communication strategies did the 'doctor' use to develop a therapeutic relationship? How effective were they? What could be improved?*

- *Consider the risks and benefits of prescribing medications with the potential for misuse on leaving prison. Discuss management options, including urgent safety considerations for this patient.*

Role-play a consultation with a new patient who has just left prison, having been discharged to your unfamiliar area as a condition of their parole. As a group, discuss potential issues a patient may face on returning to the community. Consider health, family and social networks, and social support needs. Consider the role of the GP in assisting this patient.

- *What potential barriers and facilitators may people face on release from prison? What are potential barriers to healthcare? How might a GP work with the patient to increase the success of reintegration into the community? What might help improve healthcare access and engagement?*
- *What health problems should be anticipated and addressed?*
- *What are the challenges in rural and remote settings?*

Reflect on and discuss the stigma related to justice-involved people and how it can lead to discrimination or be internalised or anticipated by patients. Reflect on the link between trauma and incarceration and discuss trauma-informed care in clinical practice. Consider strategies for effective communication and management.

- *What discrimination may justice-involved people face? How may this affect their reintegration into the community?*
- *Why is trauma-informed care a recommended approach for this group of patients, and how do you practise it?*
- *What considerations apply to Aboriginal and Torres Strait Islander patients?*

With a friend or family member

Ask your friend or family member to imagine that a close relative with several health problems has just been taken into custody. Answer their questions about healthcare in prison and describe how you are able to make sure they will continue to receive good care. Discuss their concerns and consider how you may be able to support them.

- *What information would be helpful for the families of people going into custody? How would you describe the system for continuity of care?*
- *What support and information can you give the family?*

Repeat the above conversation, however, this time the relative has been in prison for three years and is about to be released. Discuss the potential concerns about reintegration into the family and the community.

- *What challenges could there be for the family as their relative is released? How might you be able to support the family at this time?*
- *What would you need to consider if your practice was in a rural or remote area?*

Case example

Shane, a 38-year-old man, presents requesting prescriptions. He has attended the practice infrequently over the past 10 years. The last note in his file is that a medical summary was sent to the prison health service in response to a release of information request one year ago. You note he has a previous history of a motor vehicle accident, low back pain, and hepatitis C. In the last consultation on file, he had received a script for opioids, a referral to the local liver clinic, and was noted to have moderately high blood pressure. He tells you that his current medications are mirtazapine and a 'heart tablet'. He also wants treatment for his back pain. After further history, he confirms he was released from prison 10 days ago and has run out of his medication. He is not sure if he was given any paperwork about his health.

In a case-based discussion, questions relating to each role could be:

Communicator

- What effects could stigma and previous life experiences have in building a relationship with Shane?
- What communication and consultation approaches may promote a therapeutic relationship?
- What factors may impact on continuity of care for people leaving or entering prison?
- If Shane identified as Aboriginal or Torres Strait Islander, what else would you need to consider?
- What would Shane have experienced during his incarceration? What healthcare would he have received? What are the barriers and facilitators to healthcare delivery in prison? How may this have affected Shane?
- If Shane is reincarcerated three months after you have taken over his healthcare, what health information would you send to the prison health service on receiving the signed request for information?

Clinician

- What other information would you like to gather through history-taking and examination?
- How would you gather further information about Shane's healthcare in prison, without duplicating investigations that have already been done?
- What are the key risks to health and wellbeing for Shane in the post-release period?
- What priority social support needs would you ask about during this consultation?
- What factors would you consider when addressing Shane's request for treatment for his back pain?
- If working in a custodial setting, are there any procedural skills you may want to develop or refresh in order to prevent avoidable transfers to hospital.
- What preventive care might you consider for Shane?

- How is significant illness managed in the prison environment?
- What if Shane advised you that he had had an overdose since leaving prison, and already used the emergency rescue naltrexone he was issued on release? How would you manage this?

Health advocate and leader

- What other healthcare providers and services could you draw on in the ongoing management of this patient?
- If Shane identified as Aboriginal or Torres Strait Islander, what specialised services or people could you include in your management plan?
- What are the broader systemic issues regarding incarceration in Australia? What advocacy role may exist for GPs?
- What resources, including community-based services, may assist you in promoting Shane's health?
- How would your approach be affected if your practice was in a rural or semi-remote location?

Professional

- What are the privacy, confidentiality, and legal requirements when managing a patient who is incarcerated?
- What are your reflections on biases, professional boundaries and therapeutic relationships when working with Shane?
- What are the ethical considerations when providing healthcare for people in prison, including confidentiality and privacy?

Scientist, educator and researcher

- How would you access additional guidelines or advice with regards to managing this presentation?
- You are planning an education session for registrars on issues on release from prison. What would you plan to include?

Learning resources

The curriculum website includes learning resources within each unit.

Assessment

Content in this unit will be assessed in a variety of ways.

Workplace based assessments

Mini-CEX	RCA	MSF	CBD	Reflective exercise	Audit	Mid and end term assessment

Fellowship examinations

AKT	KFP	CCE

KEY

- Expected to be assessed here always
- Often assessed here but not in every example / case / assessment
- May at times be here or contribute to the assessment

ABBREVIATIONS

Mini-CEX – Mini-clinical evaluation exercise
RCA – Random case analysis
MSF – Multi source feedback
CBD – Case-based discussion
AKT – Applied knowledge test
KFP – Key feature problem
CCE – Clinical competency exam