

# 2022 RACGP curriculum and syllabus for Australian general practice

## Justice system health

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### Rationale

#### Instructions

This section provides a summary of the area of practice for this unit and highlights the importance of this topic to general practice and the role of the GP.

While only a small proportion of general practitioners (GPs) will provide medical care in prison, the majority will encounter individuals in the community who have been involved in the justice system. People in prison, and those previously involved with criminal justice or youth justice systems, often have high and ongoing medical and social support needs.<sup>1-3</sup> GPs have an opportunity to make a real difference to the health and wellbeing of justice-involved people, who are amongst the most marginalised members of our society. Justice-involved people have higher rates of mental health conditions, substance use disorders, chronic disease and its risk factors (like tobacco smoking), communicable disease and disability, including intellectual and developmental impairment.<sup>1-4</sup> Yet, they are more likely to have unmet health needs and suboptimal access to and use of medical care.<sup>3,5</sup>

Incarceration is strongly linked to social determinants of health, being both a result of disadvantage and a driver of future health disparities. Intergenerational incarceration and experiences of disadvantage and trauma are common in adults in prison, and even more so in young people in custody. Most justice-involved young people have experienced childhood abuse and neglect, and many have experienced out-of-home care, unstable accommodation and disrupted education.<sup>1,5</sup>

Aboriginal and Torres Strait Islander peoples are overrepresented within the justice system, and even more so in the youth justice system.<sup>1,6</sup> They may have poorer health and have experienced more trauma and socioeconomic disadvantage during their lives than other people in prison, related to systemic racism and marginalisation.<sup>7,8</sup>

During incarceration, people may seek care for health problems that they previously neglected in the community because of substance use, poor mental health and disadvantage.<sup>3,9</sup> Incarceration can therefore provide a window of opportunity for GPs and the broader healthcare team to improve patients' health and provide preventive care. This includes the vital role of healthcare providers in prison in linking patients to community services on release.<sup>10,11</sup>

The post-release period is a pivotal time of health vulnerability. People leaving prison face high risks of hospitalisation, death, homelessness, unemployment and re-incarceration.<sup>12-17</sup> Poor health and wellbeing on re-entry to the community may be exacerbated when people are released to new communities or previous support structures break down or are disrupted, including interruption of previous relationships with health and social care providers.<sup>9,10</sup> In an Australian study of people leaving prison, nearly half saw a GP within a month of release.<sup>18</sup> GPs therefore need to be prepared to meet the complex health and social support needs of these patients. GPs should anticipate the high risk of relapse to substance use and be ready to provide timely support and treatment. Linkage to health and social care services in the community will support patients' health and social inclusion. GPs could facilitate continuity of care by contacting the prison health service for health information if patients do not bring their discharge paperwork to the GP. Some patients may have had substantial healthcare in prison and be released with pending investigations or follow-up which needs to be re-arranged, for example, pending hospital outpatient appointments may need to be rebooked.<sup>19</sup> Others may be released with unmet health needs and be overdue for the care they need. GPs should consider Medicare-funded supports such as mental healthcare plans and psychologist referrals, Aboriginal and Torres Strait Islander annual health checks and follow-up items and chronic care plans (including for substance use disorders).

Taking a non-judgemental, patient-centred, holistic and trauma-informed approach is vital to establishing a therapeutic relationship with this population.<sup>2</sup> GPs need to provide culturally safe and respectful care that meets the needs of Aboriginal and Torres Strait Islander peoples, families and communities.<sup>8,10</sup> Stigma related to incarceration and related conditions like substance use disorders may lead to patients experiencing or anticipating discrimination in healthcare and a lack of welcome in general practice.<sup>20,21</sup> Fear of stigmatised reactions from healthcare providers may lead to

patients not disclosing a history of incarceration.<sup>21</sup> The history of trauma that is so often linked to incarceration may impact on therapeutic relationships and time may be needed to build trust.

## References

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## Competencies and learning outcomes

### Instructions

This section lists the knowledge, skills and attitudes that are expected of a GP for this contextual unit. These are expressed as measurable learning outcomes, listed in the left column. These learning outcomes align to the core competency outcomes of the seven core units, which are listed in the column on the right.

<b>Communication and the patient–doctor relationship</b>	
Learning outcomes	Related core competency outcomes
The GP is able to:	
<ul style="list-style-type: none"> <li>demonstrate effective, empathic, respectful and culturally safe communication with patients involved in the justice system</li> </ul>	1.1.1, 1.1.2, 1.1.4, 1.1.6, AH1.3.1, 1.3.1, 1.3.2
<ul style="list-style-type: none"> <li>use effective health education strategies to promote health and wellbeing of patients involved in the justice system</li> </ul>	1.2.1, 1.2.2, 1.2.3, 1.3.1
<ul style="list-style-type: none"> <li>use a patient-centred approach to negotiate management plans with patients involved in the justice system</li> </ul>	1.4.1, 1.4.3, 1.4.4, AH1.4.1
<ul style="list-style-type: none"> <li>demonstrate an understanding of how to communicate with a patient with severe mental illness and people with personality disorders</li> </ul>	1.1.1, 1.1.2, 1.1.6

<b>Applied knowledge and skills</b>	
Learning outcomes	Related core competency outcomes
The GP is able to:	
<ul style="list-style-type: none"> <li>demonstrate effective assessment and management of health conditions seen in patients involved in the justice system, including mental health, blood-borne viruses, chronic disease and substance use disorders</li> </ul>	2.1.1, 2.1.4, 2.1.6, 2.1.7, 2.1.8, 2.1.9, 2.2.3, 2.3.1, AH2.1.2
<ul style="list-style-type: none"> <li>demonstrate continuity of care for patients entering or leaving prison, including through transfer of health information and post-release healthcare delivery</li> </ul>	2.1.2, 2.3.2, 2.3.4, RH2.3.1, AH2.3.2

<b>Population health and the context of general practice</b>	
Learning outcomes	Related core competency outcomes
The GP is able to:	
<ul style="list-style-type: none"> <li>demonstrate understanding of the social determinants of health and health disparities as related to patients involved in the justice system</li> </ul>	3.2.1, 3.2.3
<ul style="list-style-type: none"> <li>identify and promote ways to support and advocate for health equity and equitable access to services for patients in prison and people transitioning from prison to the community</li> </ul>	3.2.2, 3.2.4, AH3.2.1

<b>Professional and ethical role</b>	
Learning outcomes	Related core competency outcomes

Professional and ethical role	
The GP is able to:	
<ul style="list-style-type: none"> <li>reflect on professional practice, including biases, assumptions and attitudes about patients involved in the justice system</li> </ul>	4.2.2, 4.2.4, AH4.2.1, AH4.2.2
<ul style="list-style-type: none"> <li>demonstrate recognition and preservation of therapeutic boundaries in an ethical and professional manner</li> </ul>	4.1.1

Organisational and legal dimensions	
Learning outcomes	Related core competency outcomes
The GP is able to:	
<ul style="list-style-type: none"> <li>manage time and priorities to address the complex health and social support needs of patients involved in the justice system</li> </ul>	5.1.3, AH5.1.1, AH5.1.3, RH5.1.1
<ul style="list-style-type: none"> <li>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</li> </ul>	5.2.1, 5.2.3, 5.2.4

## Words of wisdom

### Instructions

This section includes tips related to this unit from experienced GPs. This list is in no way exhaustive but gives you tips to consider applying to your practice.

**Extension exercise:** Speak to your study group or colleagues to see if they have further tips to add to the list.

1. 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 is 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.
2. 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.
3. The post-release period is a time of high vulnerability to death and deterioration in health and wellbeing. 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 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 of opioid overdose or intoxication), safe and appropriate prescribing, and links to community-based support services.
4. 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. GPs should respond promptly with an accurate and comprehensive medical summary to requests for information from prison health services. They should contact the prison health service for health information with a release of information request signed by the patient if the patient does not bring their discharge information to the GP.
5. 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.

## Case consultation example

### Instructions

1. Read this example of a common case consultation for this unit in general practice.
2. Thinking about the case example, reflect on and answer the questions in the table below.

You can do this either on your own or with a study partner or supervisor.

The questions in the table below are ordered according to the [RACGP clinical exam assessment areas](https://www.racgp.org.au/getmedia/f93428f5-c902-44f2-b98a-e56d9680e8ab/Clinical-Competency-Rubric.pdf.aspx) (<https://www.racgp.org.au/getmedia/f93428f5-c902-44f2-b98a-e56d9680e8ab/Clinical-Competency-Rubric.pdf.aspx>) and domains, to prompt you to think about different aspects of the case example.

Note that these are examples only of questions that may be asked in your assessments.

**Extension exercise:** Create your own questions or develop a new case to further your learning.





**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 Shane 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', and 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.

Questions for you to consider		Domains
<p>What effects could stigma and previous life experiences have in building a relationship with Shane?</p> <p>What communication and consultation approaches may promote a therapeutic relationship?</p> <p>What factors may impact on continuity of care for people leaving or entering prison?</p> <p>If Shane was an Aboriginal or Torres Strait Islander, what else would you need to consider?</p>	1. Communication and consultation skills	1,2,5
<p>What other information would you like to gather through history-taking and examination?</p> <p>How would you gather further information about Shane's healthcare in prison, without duplicating investigations that have already been done?</p>	2. Clinical information gathering and interpretation	2
<p>What are the key risks to health and wellbeing for Shane in the post-release period?</p> <p>What priority social support needs would you ask about during this consultation?</p> <p>What factors would you consider when addressing Shane's request for treatment for his back pain?</p>	3. Making a diagnosis, decision making and reasoning	2

Questions for you to consider		Domains
<p>What other healthcare providers and services could you draw on in the ongoing management of this patient?</p> <p>If Shane was an Aboriginal or Torres Strait Islander, what specialised services or people could you include in your management plan?</p> <p>What role might a GP play in giving support or care to the patient's family?</p>	4. Clinical management and therapeutic reasoning	2
<p>What resources, including community-based services, may assist you in promoting Shane's health?</p> <p>How would your approach be affected if your practice was in a rural or semi-remote location?</p> <p>What preventive care might you consider for Shane?</p>	5. Preventive and population health	1,2,3
<p>What are your reflections on biases, professional boundaries and therapeutic relationships when working with Shane?</p> <p>What are the ethical considerations when providing healthcare for people in prison, including confidentiality and privacy?</p> <p>What are the broader systemic issues regarding incarceration in Australia? What advocacy role may exist for GPs?</p>	6. Professionalism	4
<p>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?</p> <p>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?</p> <p>What are the privacy, confidentiality and legal requirements when managing a patient who is incarcerated?</p>	7. General practice systems and regulatory requirement	5
N/A	8. Procedural skills	2
How would you access additional support or advice with regards to managing this presentation?	9. Managing uncertainty	2

Questions for you to consider		Domains
<p>How is significant illness managed in the prison environment?</p> <p>What if Shane advised you that he had had an overdose since leaving prison, and had already had to use the emergency rescue naltrexone he was issued on release? How would you manage this?</p>	10. Identifying and managing the significantly ill patient	2

## Learning strategies

### Instructions

This section has some suggestions for how you can learn this unit. These learning suggestions will help you apply your knowledge to your clinical practice and build your skills and confidence in all of the broader competencies required of a GP.

There are suggestions for activities to do:

- on your own
- with a supervisor or other colleague
- in a small group
- with a non-medical person, such as a friend or family member.

Within each learning strategy is a hint about how to self-evaluate your learning in this core unit.



### 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 in custody and people in prison. What is the role of primary healthcare and general practice in modifying or addressing these?*

Through individual study, learn about the correctional system in Australia, and how primary healthcare is delivered in prison.

- Identify the local justice facilities in your region, including prisons, youth justice centres and community corrections offices. Consider contacting the services and arranging a visit or meet with colleagues who are working as healthcare providers in prison.
  - Courts are open to the public. Consider spending some time in a busy court to get a feel for the process and discuss with a legal colleague.
- *What do patients experience when they come in contact with the criminal justice system or receive a custodial sentence? How is primary healthcare delivered in a prison setting in Australia?*
  - *What are the expectations of, and processes undertaken by, prison health services to integrate care between prison and community health services?*

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 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 local services are available? Are there any crisis helplines which may be useful; for example, 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?*

## Guiding topics and content areas

### Instructions

These are examples of topic areas for this unit that can be used to help guide your study.

Note that this is not a complete or exhaustive list, but rather a starting point for your 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, including young people and women, and understand the demographics of people in prison:
  - structural and social factors, including poverty, racism, discrimination, social exclusion
  - childhood trauma, including neglect, abuse, household trauma, out-of-home care, parental incarceration
  - opportunities for education, housing, employment
  - experience of violence, including interpersonal violence and sexual assault

- health factors, including mental health conditions, intellectual and developmental disability
- social inclusion and exclusion, including disrupted family and social networks.
- Recognise incarceration as a social determinant of health.
- Understand how the Australian correctional system works and how healthcare is delivered in custody, including:
  - the experiences of people involved with the justice system, including remand, sentencing, 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, the impact and the solutions to over-incarceration of Aboriginal and Torres Strait Islander peoples, including:
  - the effects of socioeconomic marginalisation and disadvantage, colonisation, societal and institutional racism
  - the importance of access to culturally appropriate care.

## Approaches to care delivery

- Use effective communication and create a therapeutic patient–doctor 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 in addition to stigmatised health conditions such as substance use disorders
  - demonstrating cultural awareness and understanding of cultural safety for people from Aboriginal and Torres Strait Islander backgrounds
  - 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 in recognition of the higher risk of communicable and non-communicable disease and risk factors, and the likelihood of 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, and 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.
- 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.

## Learning resources

## Instructions

The following list of resources is provided as a starting point to help guide your learning only and is not an exhaustive list of all resources. It is your responsibility as an independent learner to identify further resources suited to your learning needs, and to ensure that you refer to the most up-to-date guidelines on a particular topic area, noting that any assessments will utilise current guidelines.

### Journal articles

Guidance on respectful language to use when discussing people who are involved with the justice system.

- Tran NT, Baggio S, Dawson A, et al. [Words matter: A call for humanizing and respectful language to describe people who experience incarceration](https://bmcinthealthhumrights.biomedcentral.com/articles/10.1186/s12914-018-0180-4) (<https://bmcinthealthhumrights.biomedcentral.com/articles/10.1186/s12914-018-0180-4>). BMC Int Health Hum Rights 2018;18(1):41.

Issues for young people in juvenile justice in Australia from a human rights perspective.

- Cunneen C, Goldson B, Russell S. [Juvenile justice, young people and human rights in Australia](http://classic.austlii.edu.au/au/journals/CICrimJust/2016/23.html) (<http://classic.austlii.edu.au/au/journals/CICrimJust/2016/23.html>). CICrimJust, 2016;28(2):173–89.

The challenges of justice-involved women in accessing health care in NSW.

- Abbott P, Magin P, Davison J, Hu W. [Medical homelessness and candidacy: Women transiting between prison and community health care](https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-017-0627-6) (<https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-017-0627-6>). Int J Equity Health 2017;16(1):130.

Advice on how primary healthcare services can better meet the needs of Aboriginal people leaving prison.

- Lloyd JE, Delaney-Thiele D, Abbott P, et al. [The role of primary health care services to better meet the needs of Aboriginal Australians transitioning from prison to the community](https://bmcprimcare.biomedcentral.com/articles/10.1186/s12875-015-0303-0) (<https://bmcprimcare.biomedcentral.com/articles/10.1186/s12875-015-0303-0>). BMC Fam Pract 2015;16(1):86.

Considerations on prescribing for people in custody and the risks which may arise around prescription medications after release.

- Hampton S, Blomgren D, Roberts J, Mackinnen T, Nicholls G. [Prescribing for people in custody](http://www.nps.org.au/australian-prescriber/articles/prescribing-for-people-in-custody-1) (<http://www.nps.org.au/australian-prescriber/articles/prescribing-for-people-in-custody-1>). Aust Prescr 2015;38(5):160–163.

### Online resources

An extensive collection of resources on justice and Aboriginal and Torres Strait Islander people.

- Australian Indigenous Health *InfoNet*. [Justice and Aboriginal and Torres Strait Islander people](https://healthinonet.ecu.edu.au/learn/determinants-of-health/community-capacity/justice) (<https://healthinonet.ecu.edu.au/learn/determinants-of-health/community-capacity/justice>).

Practical tips for providing healthcare in a custodial setting.

- Royal Australian College of General Practitioners. [Custodial health in Australia: Tips for providing healthcare for people in prison](http://www.racgp.org.au/FSDEDEV/media/documents/Faculties/SI/Custodial-health-in-Australia.pdf) (<http://www.racgp.org.au/FSDEDEV/media/documents/Faculties/SI/Custodial-health-in-Australia.pdf>).

Comprehensive data on the health and healthcare experiences of people in prison.

- Australian Institute of Health and Welfare. [Health of prisoners](http://www.aihw.gov.au/reports/australias-health/health-of-prisoners) (<http://www.aihw.gov.au/reports/australias-health/health-of-prisoners>).

An open-access, collaborative forum aiming to improve the health of people in prison.

- [The Worldwide Prison Health Research & Engagement Network \(WEPHREN\)](https://wephren.tghn.org) (<https://wephren.tghn.org>).

### Other

- [ReSet: a new beginning](http://www.reset.org.au) (<http://www.reset.org.au>).
- [Shine for Kids](https://shineforkids.org.au) (<https://shineforkids.org.au>).
- [VACRO](https://www.vacro.org.au) (<https://www.vacro.org.au>).

This contextual unit relates to the other unit/s of:

- [Abuse and violence](https://www.racgp.org.au/curriculum-and-syllabus/units/abuse-and-violence) (<https://www.racgp.org.au/curriculum-and-syllabus/units/abuse-and-violence>)
- [Addiction medicine](https://www.racgp.org.au/curriculum-and-syllabus/units/addiction-medicine) (<https://www.racgp.org.au/curriculum-and-syllabus/units/addiction-medicine>)
- [Disability care](https://www.racgp.org.au/curriculum-and-syllabus/units/disability-care) (<https://www.racgp.org.au/curriculum-and-syllabus/units/disability-care>)
- [Mental health](https://www.racgp.org.au/curriculum-and-syllabus/units/mental-health) (<https://www.racgp.org.au/curriculum-and-syllabus/units/mental-health>)

