26 October 2018

Queensland Productivity Commission
PO Box 12112
George St,
Brisbane 4003

Dear Commission Chair,

Re: Inquiry into imprisonment and recidivism

We write on behalf of the Australian Psychology Society (APS) College of Forensic Psychologists – Queensland Branch. Thank you for the opportunity to provide a submission in relation to the inquiry into imprisonment and recidivism in Queensland.

With over 550 members nationally, the College of Forensic Psychologists of the APS is the peak body representing more than 70% of Forensic Psychologists in Australia.

Forensic Psychologists in Australia

In Australia, psychology is a regulated health profession, and psychologists are registered with the Psychology Board of Australia (PsyBA) under the auspices of the Australian Health Practitioner Regulation Agency (AHPRA). Forensic Psychologists, in addition to registration, hold an Area of Practice Endorsement (AoPE) recognised by the PsyBA. While psychologists who are not endorsed in forensic psychology may practice psychology across forensic contexts, endorsed Forensic Psychologists possess a minimum eight years of university training and post graduate supervised experience – a four-year accredited undergraduate degree majoring in the science of psychology, plus at least a two-year Master's or three-year Doctoral degree in forensic psychology, followed by a one or two-year registrar program.

Training in the field of forensic psychology is directed toward practice both with forensic populations (including offenders and correctional settings, forensic mental health patients and forensic disability [intellectual impairment and cognitive deficits], civil litigants, victims of crime) and across a range of forensic contexts (including forensic mental health, corrections and detention, forensic disability, child safety, and family law). Forensic psychologists specialise in the delivery of targeted psychological assessment and intervention for a range of complex offending and problem behaviours, amongst juvenile and adult populations.

Responses to the Issues paper

We have below provided brief response to each of the sections in the Issues paper. Due to the limited time frame available to respond, please consider these as initial responses; we are more than happy to discuss these further and elaborate in person at a hearing or other forum.

Section 2: Background

- The criminal justice system (CJS) has a number of deficits with regards to making the community safer and supporting rehabilitation. It is suggested that these deficits are largely related to inadequate rehabilitation predominately in custody. Further the CJS and broader government responses do not sufficiently address psycho-social issues contributing to crime. By failing in these two areas, imprisonment is unlikely in most cases to contribute to community safety. Imprisonment without adequate rehabilitation and/or not addressing the 'social determinants' of offending increases risk to the community due to risk of recidivism.
- It is suggested that greater weight needs to be placed on rehabilitation and the achievement of community safety via this avenue in addition to prevention strategies that are cross-agency / all-of-government, including agencies engaged with children and families.
- Prevention strategies should target psychosocial determinants of offending e.g., substance use should be viewed and treated as a health issue by health professionals as opposed to being criminalised.
- There have been recent advancements in Queensland deriving from the Queensland Parole System Review (QPSR) with the aim of bringing Queensland in line with other states e.g., introduction of Opiate Substitution Treatment (OST) in custody is a positive step. However, this program will be limited to a medical / pharmacological model due to funding limitations and therefore not include other key elements available in the community that contribute to the efficacy of OST (e.g., motivational strategies, psychological counselling and ongoing support).
- QPSR has also led to increased funding for Queensland Corrective Services for the provision of substance use assessment and intervention which has seen service provision outsourced to the non-government sector (NGO). Whilst there is a role for non-government organisations in this space, this model excludes content experts in this area of clinical practice and will likely lead to fragmented implementation and inconsistent delivery of interventions. It is suggested that government spending on health initiatives in custodial settings should sit with Queensland Health (QH); a QH response via Alcohol and Drug Services in custody would promote a statewide coordinated and health focused approach that would support continuity of care from community into custody and return to the community, and reduce risks in drop-out with improved outcomes.
- Community safety and rehabilitation should not be viewed as competing interests - effective rehabilitation increases community safety.
- Rehabilitation programs/interventions also need to be available in the community.

Section 3: Trends and causes

- This section speaks to the need for leadership and education from government to dispel myths regarding crime rates. A decrease in crime and increase in prisoner numbers speaks to policy decisions, sentencing structure and management of parole.

- Further consideration should be given to what impact imprisonment has on future offending due to both its destabilising effect (i.e., it can result in a loss of accommodation, loss of employment, etc which are risk factors for further offending), and risk of adverse outcomes (risk of trauma and/re-traumatisation, exacerbation and/or development of mental health problems, exposure to substance use and risk of more harmful substance use practices with significant health implications, all of which are factors that may influence further offending).
- To better understand the decrease in crime rate but increase in imprisonment there should be further review of sentencing practices and corrections policies, including parole decisions, including a better understanding of what factors historically and contemporaneously contribute to parole breaches, and community strategies developed to address these issues.
- Data provided under imprisonment again demonstrates a response to public opinion and expectation, as opposed to meeting one of the key goals of imprisonment which is *rehabilitation*, and which is often not available via programs as people spend extended periods of time on remand and then may be released on time served or receive a sentence length that does not provide them access to programs. *This likely increases risk of further imprisonment*.
- Community rehabilitation strategies may be more cost effective in both the short and long term – community strategies are less likely to contribute to risks associated with further offending that can occur as a result of imprisonment e.g., loss of accommodation, employment, support networks, stigma, and so on.
- There are no step down or graduated reintegration options available to support transition from prison back into the community, this potentially impacting risk of recidivism/parole breaches. Further there is insufficient housing available to support bail applications, parole outcomes and successful reintegration into the community. This is particularly an issue in rural and remote regions meaning that available accommodation is unlikely to be near social and other welfare supports.
- Further understanding of factors influencing parole breaches needs to be gained so that more appropriate interventions can be funded (e.g., loss of accommodation, relapse in mental illness, substance use). These are all risk factors that should be addressed in the community setting, not following return to custody which could further destabilise an individual and increase their risk of further offending.
- A review of why courts are less inclined to use community options and also more likely to remand as opposed to giving bail to an individual is required. It is suggested that individual psychosocial factors mentioned above may impact this (e.g., no suitable bail address due to deficits in access to affordable, stable housing, limited social supports that the court views as prosocial, especially if family members have had contact with the criminal justice system).
- The disproportionate incarceration of Aboriginal and Torres Strait Islanders is likely influenced by the failure to successfully implement many of the Royal Commission into Aboriginal Deaths in Custody recommendations. This is disappointing and consideration needs to be given to conscious and unconscious systemic racism within the justice system.

Section 4: Recidivism

- The issues paper highlights relevant recidivism risk factors that need to be addressed through a whole of government response. These factors are not addressed via imprisonment; in fact they are increased as a result of imprisonment.
- Improved access to mental health care requires increased funding in both the community and custodial settings via the Queensland Department of Health (QH). Further it is suggested that a culture shift needs to occur to support longer term follow-up with patients, including increased comprehensive case management and psychological support following on from referral to a GP, and no exclusion from access due to substance use and personality disorder. It is suggested that current practices which may be inconsistent with these recommendations are driven by culture, stigma associated with contact with the CJS and limited resources to meet community demand for mental health services.
- There is currently limited funding available for psychological therapies and targeted problem behaviour psychological intervention. Private forensic psychologists are able to offer targeted intervention services, for example, around sexual offending and paraphilias, yet there is limited to no resourcing for these services. Currently, psychological therapy can be accessed via the Medicare system where 10 sessions may be accessed with a psychologist annually via referral from a GP; this is highly inadequate for the effective treatment of mental health conditions and the complex psycho-social issues and other determinants which often drive offending behaviour. Yet this is often the only way in which psychological services (albeit limited) can be accessed. It is suggested that psychological therapy should be funded in the community, specifically forensic psychological therapies. These types of therapies are also indicated to assist intellectually/cognitively impaired offenders and those with developmental and other disorders (such as foetal alcohol spectrum disorders).

Section 5: Costs and benefits of imprisonment

- If imprisonment increases risk of recidivism due to the destabilising effects (e.g loss of job, accommodation, supports, impacts mental health etc) then the non-financial cost is to the community and future victims of crime via further offending. There is also a financial and emotional cost to family members of individuals incarcerated. This cost can have long-term impacts with some research identifying an increased risk of juvenile offending where parents are involved in the CJS.
- There is also a cost to health care system due to impact on health (see health of prisoners study 2015 by Australian Institute of Health and Welfare).
- Imprisonment benefits include community safety from violent offenders and theoretically access to evidence based rehabilitation to reduce recidivism; however if the latter is not available (e.g., remand, length of sentence, program availability, efficacy of programs, capacity of staff to deliver) then imprisonment does not improve community safety).
- There is evidence demonstrating cost benefits of community vs custody that identifies community as most cost effective.

Section 6: Reducing imprisonment

- It is suggested that the key element to reducing imprisonment is prevention of crime, via reducing risk for offending behaviour. This requires a whole of government response e.g., Departments of Child Safety, Housing, Education, Health, and so forth.
- It is suggested that key risk issues should be identified and addressed at early onset including education issues, engagement with Child Safety services and programs be available to mitigate risk, e.g., addressing health and mental health issues that impact education and the family unit, parenting skills, etc.
- Offending behaviour should be addressed via evidence based intervention e.g., risk-needs-responsivity principles. This requires relevant psychosocial factors being addressed by the appropriate services e.g., substance use and mental illness by health professionals.
- Alternate options the Commission could consider include additional therapeutic jurisprudence (TJ) options, of which there are examples in other states and countries that extend beyond the current courts in Queensland. Further, it essential that courts adhere to TJ principles. This requires adequate resourcing of services that work alongside them e.g., drug and alcohol services, welfare, counselling, support, and health services, etc. Another option is 'therapeutic communities' - this could be a consideration particularly for youth and young adult offenders. There communities have operated successfully in NZ and UK.
- As identified in the issues paper home detention and also graduated release options could be considered. The development of more Helena Jones style correctional centres that provide for appropriate transition and maintenance and/or re-establishment of support networks in the community could also be considered.
- With regards to young offenders it is suggested that there are insufficient rehabilitation programs in custody, insufficient qualified staff in detention and in youth justice. Further, the system often over pathologises young people as antisocial or 'personality disordered', stigmatising them and impacting their access to services in the community on release. Further, the use of archaic fear tactics of 'scare them straight' are unsuccessful and counterproductive.
- There is a dire need for an increase in staffing and review of the required qualification and/or training to work in this area. There is a requirement for interagency engagement for those under child safety with a recommendation that Department engagement be mandatory and that interagency meetings occur for all young people in detention who were/are engaged with Child Safety when detained. Finally, there is a need for adherence to detention as a last resort and an increase in program and support service access in the community.
- The decriminalisation of drugs will lead to reduced prisoner numbers for drug and drug related crimes and refocus substance use as a health issue that requires a health intervention.

Section 7: Preventing recidivism

- It is concerning that the issues paper speaks to the high rates of incarceration of Aboriginal and Torres Strait Islanders yet no programs are referred to in the paper are culturally informed. The Queensland Forensic Mental Health implemented the first culturally informed, Indigenous led mental health program in custody - the Indigenous Mental Health Intervention Program (IMHIP). This program is a culturally informed mental health, social and emotional well-being program. It addresses mental health issues in the context of culture, family, community and acknowledgment of the impact of transgenerational trauma. The principles that underpin the development and delivery of this service would be beneficial to adopt across all service delivery e.g., culturally informed, Indigenous led, consideration of history, role of family and community.
- What is not recognised in the issues paper is the limited access to CREST and that its infancy means that there is no data to support efficacy to date.
- In addition to IMHIP QH also provides specialist mental health services in custody (Prison Mental Health Service) which includes a transition program. The transition program has been running in the SE corner for at least 10 years. The program recently received funding under the QPSR, however funding will not provide for all PMHS patients to have access to a transitions package. Further the PMHS partners with affiliated NGO's also funded through QH. These services also require additional funding to meet current need in custody.
- PMHS also recently received funding under QPSR that provided for the first ever psychology specific positions. These positions are limited in scope but mental health care could be improved with increased funding in this area. However, as noted above, increased funding to community MH may also decrease the number of people entering custody in the first instance.
- There is a need for more rehabilitation programs in custody, including options for people on remand. It is suggested that if programs were more focused on psychosocial issues as opposed to offence focused there would not be an issue in delivery of them to persons on remand.
- As mentioned previously it is recommended that agencies that are the experts in certain areas should be delivering programs e.g. health services providing drug and alcohol treatment in a coordinated statewide function like mental health, not as ad hoc NGOs delivering offence focused intervention.
- The ineffectiveness of imprisonment as a deterrent can exist for a number of reasons, this often driven by psychosocial issues (e.g., addiction being more powerful than the consequence of prison or prison/detention environment better than the individuals current circumstances e.g., homelessness, abuse). Psychosocial issues must be addressed in this group.
- It is suggested that the key barriers that impact program effectiveness and service delivery include: number of staff, qualifications of staff, adequate staff support (practice supervision), review and research of programs to ensure current and evidence based, lack of trauma informed care (TIC) principles in policy and program

delivery, rigidity of offence focus as opposed to harm minimisation and not working within the stages of change, and risk, need responsivity models.

Section 8: Governance

- It is suggested that policy that focuses on statistics (e.g., number of offenders that have completed programs as opposed to program outcomes) do not encourage the best outcomes (e.g., program delivery is compromised to meet required statistics)
- It is suggested that the CJS is not sufficiently transparent as experiences of working on projects where there was meant to be cross agency collaboration and/or consultation led by QCS have resulted in agencies been left in the dark and informed after key decisions that effect service delivery in custody have been made

Thank you for the opportunity to contribute to the Productivity Commission Inquiry into incarceration and recidivism. A noted above, we are happy to discuss these further and elaborate in person at a hearing or other forum.

We can be contacted for further information on email: gldcfpcommittee@gmail.com

Yours sincerely,

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APS College of Forensic Psychologists – Queensland Branch