

6 Prison health services

This chapter covers prison health services, focusing on the effectiveness and responsiveness of the services, the continuity of care and the accessibility of prison health services. Data for this chapter comes from the National Prisoner Health Census, and is reported for both prisons and prisoners. Information is disaggregated (where possible) by sex, age and Indigenous status.

6.1 Visits by Aboriginal community controlled health organisations

INDICATOR: Proportion of prisons that receive visits by an Aboriginal community controlled health organisation or an Aboriginal medical service at least once a month.

NUMERATOR: Number of prisons that receive visits by an Aboriginal community controlled health organisation or an Aboriginal medical service at least once a month.

DENOMINATOR: Total number of prisons.

The RCIADIC recommended that corrective services in conjunction with Aboriginal health services, and such other bodies as may be appropriate, should review and report upon the provision of health services to Aboriginal prisoners in correctional institutions, and that this review should include, amongst other things, the involvement of Aboriginal health services in the provision of general and mental health care to Aboriginal prisoners.

The Census collected information on whether prisons received visits by an Aboriginal community controlled health organisation (ACCHO) or an Aboriginal medical service (AMS) at least once a month. ACCHOs are controlled by, and accountable to, Aboriginal people in those areas in which they operate. ACCHOs aim to deliver holistic, comprehensive and culturally appropriate health care to the community that controls it (The University of Melbourne 2007). An AMS is a health service funded principally to provide services to Aboriginal and Torres Strait Islander individuals, and is not necessarily community controlled. AMSs that are not community controlled are government health services run by a state or territory government. Non-community controlled AMSs mainly exist in the Northern Territory and the northern part of Queensland.

Of the 68 prisons for whom these data were collected, ACCHO/AMS services were provided in 17 (25%) (excluding Tasmania).

The types of health services provided by the visiting AMS/ACCHOs most commonly were an Aboriginal health worker or a medical practitioner. Other services included drug and alcohol worker, registered nurse, midwife and sexual health worker.

6.2 Referrals to prison mental health services

Prison mental health services are one of the target areas under the Council of Australian Governments (COAG) National Action Plan on Mental Health 2006–2011. Under the Action Plan jurisdictions have committed to improve services for people with mental illness in the criminal justice system, through measures such as stronger case management, more mental health workers, increased mental health beds and post-release support to people with mental illness (Council of Australian Governments 2006).

INDICATOR: Proportion of prison entrants who, at reception, were referred to mental health services for observation and further assessment.

NUMERATOR: Number of prison entrants who, at reception, were referred to mental health services for observation and further assessment.

DENOMINATOR: Total number of prison entrants during the census week.

As a result of the reception assessment, almost one-third (31%) of prison entrants were referred to prison mental health services for observation and further assessment. A higher proportion of females (43%) than males (29%) were referred to prison mental health services (Table 6.1). This is consistent with the findings regarding mental health history and current use of medication (see Chapter 3).

The highest proportion of prison entrants referred to prison mental health services was found in those aged 25–34 years (38%), compared with 20% of entrants aged 45 years or older.

A smaller proportion of Indigenous entrants (27%) were referred to prison mental health services than non-Indigenous entrants (32%).

Table 6.1: Prison entrants, referral to prison mental health service by sex, age group and Indigenous status, 2009

	Referred to prison mental health services		Not referred		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
Sex						
Male	143	29	311	64	486	100
Female	26	43	32	52	61	100
Age group						
18–24	49	27	119	66	180	100
25–34	71	38	110	59	188	100
35–44	38	30	75	60	126	100
45+	11	20	40	74	54	100
Indigenous status						
Indigenous	38	27	100	71	141	100
Non-Indigenous	129	32	240	60	401	100
Total	169	31	345	63	549	100

Notes

1. Totals include 2 entrants whose sex was unknown, 1 entrant whose age was unknown, 7 entrants whose Indigenous status was unknown and 35 for whom referral status was unknown.
2. Table includes New South Wales, Victoria, Queensland, Western Australia, South Australia and the Australian Capital Territory.

Source: National Prisoner Health Census 2009.

6.3 Identification of suicide or self-harm risk

INDICATOR: Proportion of prison entrants identified as currently at risk of suicide or self-harm.

NUMERATOR: Number of prison entrants identified as currently at risk of suicide or self-harm.

DENOMINATOR: Total number of prison entrants during the census week.

Prisoners identified as being at risk of self-harm or suicide are placed under a management regime appropriate to their individual needs and designed to ensure their wellbeing, including more frequent observations.

The Census recorded whether or not each prison entrant was identified as being currently at risk of suicide or self-harm at the time of entry to prison. Prison health staff identified 37 prison entrants (7%) as being at risk of suicide or self-harm (excluding Tasmania and Northern Territory). Such identification was more common among female (16%) than male (6%) prison

entrants. Among non-Indigenous entrants, 8% were identified as being at risk, compared with 3% of Indigenous entrants. There was no observed pattern by age, which ranged from a low of 5% of entrants aged 18–24 years to a high of 9% of entrants aged 25–34 years being identified as at risk of suicide or self-harm.

6.4 Transfers from prison clinic to public hospitals

In some jurisdictions prisoners who are hospitalised or who require highly specialised health care can be managed within the prison system, as larger prisons may contain a number of inpatient beds for prisoners who require care. Alternatively, prisoners may be transferred to community facilities and secure wards in community hospitals for specialised treatment. Transfers to hospital may be planned transfers for inpatient care such as surgery, or specialist outpatient appointments. Unplanned transfers may occur in emergency situations.

INDICATOR: Number of hospital transfers for prisoners in custody during the census week.

The Census collected information on the number of hospital transfers which occurred during the census week, and whether they were planned or not planned. There were a total of 264 hospital transfers during the census week (excluding Tasmania). Almost one-quarter (24%) of these transfers were not planned, and the remaining 76% were planned (this does not include New South Wales which was unable to indicate whether their transfers were planned or not).

6.5 Immunisation

Immunisation is generally regarded as being highly effective in reducing morbidity and mortality caused by vaccine-preventable diseases. The *Australian immunisation handbook* provides clinical recommendations regarding the administration of vaccines. These recommendations were developed by the Australian Technical Advisory Group on Immunisation and endorsed by the National Health and Medical Research Council (NHMRC). The *Australian immunisation handbook* recommends vaccinations for special groups as follows (DoHA 2008b):

1. Inmates of correctional facilities should be vaccinated against influenza, hepatitis A and hepatitis B given their risk of acquiring these infections (Weinbaum et al. 2005; Crofts et al. 1997)
2. Aboriginal and Torres Strait Islander adults aged 15 years or older should have yearly influenza vaccinations; and the 23-valent pneumococcal polysaccharide vaccine is recommended for all Aboriginal and Torres Strait Islander people aged 50 years or older, and for those aged 15–49 years who have high-risk underlying conditions, such as diabetes, renal disease and excessive alcohol use. A single revaccination is recommended after five years and a second revaccination is recommended in some circumstances.

INDICATOR: Proportion of prisons that offer immunisation programs according to the current national immunisation guidelines.

NUMERATOR: Number of prisons that offer immunisation programs according to the current national immunisation guidelines.

DENOMINATOR: Total number of prisons.

The Census asked whether or not immunisation programs which meet the current national immunisation guidelines were offered to prisoners. All prisons which responded to this question offer immunisations.

6.6 Discharge planning

Discharge planning supports the continuity of health care, between the health-care setting and the community, based on the individual needs of the patient (Borzycki & Baldry 2003). As most prisoners return to the community, it is important to the overall health of the community that health needs are addressed while in prison and support is continued while in the community. Planning and managing prisoner re-entry or reintegration into the community, including continuity of health services, can benefit both the prisoner and the community.

A discharge plan provides a plan for the continuity of care from prison to the community, and therefore incorporates referrals to appropriate community-based services. A discharge summary is a summary of the care provided to the prisoner while in prison.

Where a prisoner is under medical or psychiatric treatment at the time of release, the prison health service is required to make arrangements with an appropriate agency for the continuation of such treatment after release (Standard Guidelines for Corrections in Australia 2004).

INDICATOR: Proportion of prisons that have a health-related discharge plan in place for more than 75% of prisoners at the time of their release.

NUMERATOR: Number of prisons that have a health-related discharge plan in place for more than 75% of prisoners at the time of their release.

DENOMINATOR: Total number of prisons.

The Census collected information from each prison on the estimated proportion of prisoners who have a health-related discharge plan in place at the time of their release. One quarter (25% or 17 prisons) of prisons estimated that discharge plans were in place for more than 75% of their prisoners at the time of their release (all jurisdictions except Tasmania).

The Census also collected information about the approach taken by prisons in relation to health-related discharge planning. While prisons may provide limited discharge planning, prisoners with mental illness, chronic disease, drug and alcohol problems or on medication would be more likely to have a health-related discharge plan prepared.

Prisons reported that in general, health-related discharge planning includes the following process:

- The prison health service is notified of the impending discharge and the prisoner is interviewed, usually the week prior to discharge by prison health staff.
- A discharge summary or discharge health report and letter for the prisoner's GP is prepared and either given to the prisoner or forwarded to the prisoner's GP, community clinic or health centre. The discharge summary contains information on the prisoner's medical history including current problems, allergies, scheduled appointments, any investigations (i.e. blood tests, current medications, vaccination record) and contact details for further information on the prisoner.
- The prison clinic will coordinate referrals and make appointments that are required for specialist consults or hospital appointments.
- Prisoners with drug and alcohol issues may be referred to addiction services, and those with mental health disorders may be referred to the community mental health clinics/agencies or community forensic unit.
- On discharge prisoners may be given up to two week's supply of medication to ensure adequate supplies until the ex-prisoner is reviewed by their GP.
- Prisoners with chronic diseases may be provided with chronic disease management education and care plans.

6.7 Use of prison clinic

INDICATOR: Proportion of prisoners in custody who used the prison clinic.

NUMERATOR: Number of prisoners in custody who used the prison clinic.

DENOMINATOR: Total number of prisoners in custody.

The Census collected information on prisoners' use of prison clinics during the census week. For each prisoner encounter a one-page questionnaire was completed by prison clinic staff. Data collected included demographic information, details of who initiated the visit, the problem managed and who the prisoner was seen by.

A visit was defined as a face-to-face consultation for which an entry was made in the health service record (other than for routine household-type treatment such as band-aids or paracetamol).

Data on prisoners in custody who used the prison clinic were collected by all states and territories except the Northern Territory, although in New South Wales the available data on the problem managed was not of a sufficient quality to be used and Tasmania provided only the number of clinic visits.

New South Wales provided data directly from their database, which showed the number of clinic appointments. Unfortunately the data did not meet the Census categories and there was insufficient detail to provide meaningful results for this report, thus it has been excluded from the rest of the prison clinic analysis.

The following tables, which describe those prisoners who visited the clinic, focus on those jurisdictions from which these details were available (Victoria, Queensland, Western Australia, South Australia and the Australian Capital Territory).

During the census week 6,476 prisoners (25% of the 26,269 prisoners in custody on 30 June 2009 in all jurisdictions except the Northern Territory and Tasmania) used the prison clinic. A higher proportion of female (34%) than male prisoners (21%) used the clinic (Table 6.2).

Prisoners aged 18–44 years used the prison clinic at similar rates with around 21–23% of prisoners in these ages using the clinic during the census week. The proportions of Indigenous and non-Indigenous prisoners who visited the clinic were the same (22% for both Indigenous and non-Indigenous) (Table 6.2).

Table 6.2: Prisoners in custody visiting the prison clinic, by sex, age group and Indigenous status 2009

	Number of prisoners who used the prison clinic	Number of prisoners in custody	Proportion of prisoners who used the prison clinic (%)
Sex			
Male	3,197	14,928	21
Female	382	1,130	34
Age group			
18–24	606	3,097	20
25–34	1,291	5,872	22
35–44	922	4,325	21
45+	756	3,281	23
Indigenous status			
Indigenous	891	4,054	22
Non-Indigenous	2,615	11,842	22
Total	3,707	16,005	23

Notes

1. Total includes 128 prisoners whose sex was unknown, 132 prisoners whose age was unknown and 201 prisoners whose Indigenous status was unknown.
2. Table includes Victoria, Queensland, Western Australia, South Australia and the Australian Capital Territory.

Source: National Prisoner Health Census 2009 and ABS 2009b.

During the census week, prisoners made multiple visits to the clinic and had a number of problems managed (Table 6.3). The 3,707 prisoners made an average of almost 2 visits each to their clinic and had on average 1 or 2 problems managed in each visit. The highest number of problems managed in one visit was 9. Females made more visits to their clinics, at an average of 2.7 visits per prisoner, compared with 1.8 visits per male prisoner during the census week.

Most prisoners (85%) using the clinic visited once or twice during the census week, with 92% visiting 1 to 3 times (Table 6.4). A small proportion of prisoners (5%) made greater use of the prison clinic, visiting 5 or more times. The highest number of visits by one prisoner during the census week was 37.

Table 6.3: Clinic visits by sex, 2009

	Male	Female	Total
Number of prisoners who used the prison clinic	3,197	382	3,707
Number of clinic visits	5,714	1,013	6,868
Number of problems managed	7,765	1,460	9,406

Notes

1. Total includes 128 prisoners whose sex was unknown. These prisoners made 141 visits and had 181 problems managed.
2. Table includes Victoria, Queensland, Western Australia, South Australia and the Australian Capital Territory.

Source: National Prisoner Health Census 2009.

Table 6.4: Prisoners using the prison clinic during the Census week, by number of visits, 2009

Number of visits per prisoner	Number of prisoners	Per cent	Cumulative per cent
1	2502	67	67
2	667	18	85
3	255	7	92
4	88	2	95
5+	195	5	100
Total	3,707	100	100

Note: Includes Victoria, Queensland, Western Australia, South Australia and the Australian Capital Territory.

Source: National Prisoner Health Census 2009.

Initiator of clinic visits

INDICATOR: Proportion of clinic visits initiated by prisoner.

NUMERATOR: Number of prisoners who initiated clinic visits.

DENOMINATOR: Total number of clinic visits.

Similar to general practice in the community, prisoners may initiate their use of the prison clinic or prison clinic staff may initiate the visit. Prisoners initiate clinic visits for many reasons including lack of access to informal health care, such as pharmacies, to relieve boredom, to obtain medication for anxiety or sleep disturbances related to imprisonment and for administrative purposes (Feron et al. 2005).

Prison clinic visits were most often initiated by staff (55%) rather than by prisoners (41%). While this was the case for visits by both male and female prisoners, visits by female prisoners were initiated by prisoners only 20% of the time, compared with 45% for visits by male

prisoners (Table 6.5). Female prisoners visited the prison clinic more often, and usually at the initiation of staff rather than the prisoners themselves.

Older prisoners were more likely than younger prisoners to initiate prison clinic visits, with 48% of visits by prisoners aged 45 years or older being initiated by the prisoner, compared with 37% of visits by prisoners aged 18–34 years. For Indigenous prisoners, 59% of clinic visits were initiated by staff, compared with 54% for non-Indigenous prisoners.

Table 6.5: Clinic visits, initiated by staff or prisoners, by sex, age group and Indigenous status, 2007

	Clinic visits initiated by prisoner		Clinic visits initiated by staff		Total clinic visits	
	Number	Per cent	Number	Per cent	Number	Per cent
Sex						
Male	2,583	45	2,919	51	5,714	100
Female	202	20	800	79	1,013	100
Age group						
18–24	349	37	559	59	946	100
25–34	924	37	1,471	59	2,491	100
35–44	719	44	888	54	1,649	100
45+	784	48	798	49	1,632	100
Indigenous status						
Indigenous	598	37	952	59	1,609	100
Non-Indigenous	2,144	43	2,714	54	5,012	100
Total	2,843	41	3,789	55	6,868	100

Notes

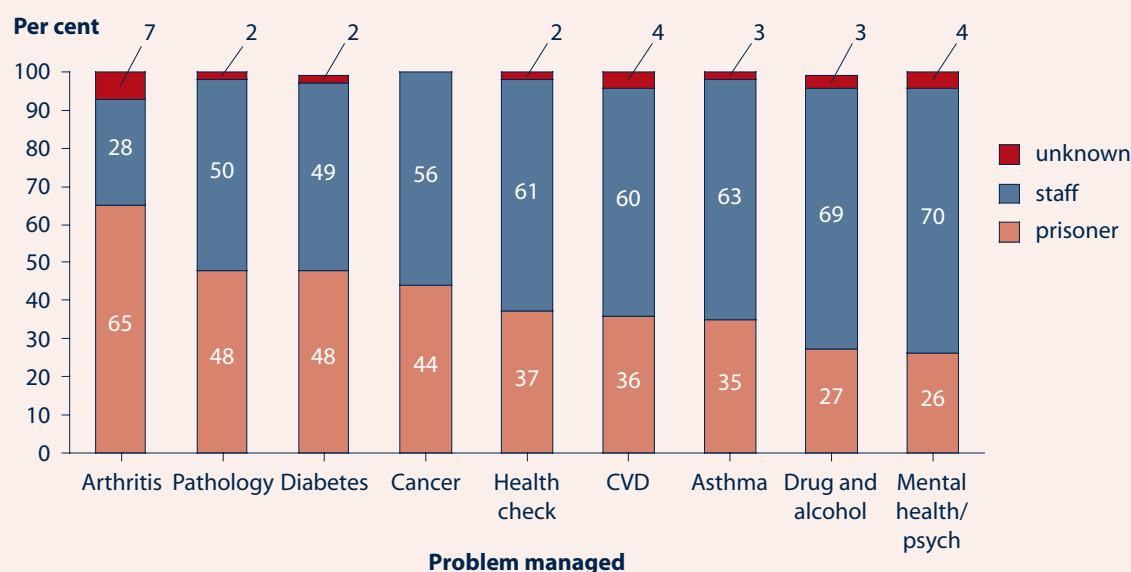
1. Totals include 236 clinic visits whose initiator was unknown, 141 where the sex of the prisoner was unknown, 247 where the Indigenous status of the prisoner was unknown and 150 where the age group of the prisoner was unknown.
2. Table includes Victoria, Queensland, Western Australia, South Australia and the Australian Capital Territory

Source: National Prisoner Health Census 2009

There are differences in clinic initiation depending on the type of problem managed at those visits. While almost two-thirds (65%) of visits for arthritis were initiated by the prisoner, this was the case for less than half of the other problems managed. For drug and alcohol issues and psychological or mental health issues, around 70% of visits were initiated by staff rather than by the prisoner (Figure 6.1).

Type of health professional seen in clinic visits

In prison, nurses are responsible for providing most of an individual's primary health care through the prison clinic. If nursing staff are unable to assist a prisoner, they can refer them to a prison doctor or allied health worker. Most prisons have GPs who either work at the prison or visit on a regular basis (AIHW 2006). Some prisons offer dental services and mental health services.

Figure 6.1: Clinic visits, by initiator and selected problems managed, 2009

Note: Includes Victoria, Queensland, Western Australia, South Australia and the Australian Capital Territory.

Source: National Prisoner Health Census 2009.

INDICATOR: Proportion of clinic visits by type of health professional.

NUMERATOR: Number of clinic visits by type of health professional.

DENOMINATOR: Total number of clinic visits.

During the census week, 71% of primary health care was provided by nurses, and just under one-fifth (18%) by a medical practitioner. Another 4% of clinic visits were with a psychiatrist. A greater proportion of visits by male prisoners (20%) were with a medical practitioner than for visits by female prisoners (12%). The visits by female prisoners were more likely to be with a nurse than for male prisoners (80% and 70% respectively) (Table 6.6).

There were few differences among age groups in the types of health professionals seen at clinic visits. Three-quarters (75%) of clinic visits by older prisoners (those aged 45 years or older) were with a nurse, compared with 69–71% of those by prisoners in the younger age groups. The proportion of visits with a medical practitioner fluctuated from a high of 21% of visits by prisoners aged 35–44 years to 17% of visits by those aged 45 years or older. Psychiatrists were seen in fewer of the visits by prisoners in the oldest age group (45+ years) at 2%, compared with 5% of visits by prisoners aged 18–34 years.

The clinic visits of Indigenous and non-Indigenous prisoners were similar in terms of the health professional seen at the visits. Three-quarters (75%) of clinic visits by Indigenous prisoners were with a nurse, compared with 70% of visits by non-Indigenous prisoners.

Table 6.6: Clinic visits, by health professional seen and sex, 2009

Health professional	Male		Female		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
Medical practitioner	1,137	20	118	12	1,275	18
Psychologist	33	1	9	1	42	1
Psychiatrist	222	4	41	4	268	4
Nurse	4,050	70	815	80	4,970	71
Aboriginal health worker	2	0	—	0	2	0
Other	250	4	19	2	277	4
Total	5,813	100	1,014	100	6,968	100

Notes

1. Totals include 134 clinic visits where the type of health professional seen was unknown.
2. Totals are higher than the overall number of visits because there were 100 visits where 2 health professionals were seen (99 for male and 1 for female prisoners).
3. Other includes dentist, optometrist, physiotherapist, occupational therapist and radiologist.
4. Table includes Victoria, Queensland, Western Australia, South Australia and the Australian Capital Territory.

Source: National Prisoner Health Census 2009

6.8 Problems managed in prison clinics

INDICATOR: Proportion of prisoners in custody by type of problem managed at clinic visits.

NUMERATOR: Number of prisoners in custody by type of problem managed at clinic visits.

DENOMINATOR: Total number of prisoners in custody.

During the census week, in the 6,868 clinic visits there were 9,406 problems managed. At most clinic visits, only one problem was managed, with the maximum number of problems managed in one visit being 9. The most common problem managed in the prison clinics was a health check (19%), followed by diabetes (14%), psychological/mental health issues (12%) and pathology including blood and urine testing (11%). Drug and alcohol issues made up 5% of problems managed in prison clinic visits.

The pattern for the proportion of prisoners in custody who visited the clinic for each type of problem saw diabetes move from the second most common problem managed to the fifth most common. This is primarily because diabetes was a problem for which prisoners tended to make multiple visits during the week. Among prisoners in custody, 9% visited the prison clinic for a health check, 5% for psychological or mental health issues and 2% each for diabetes, pathology, skin, drug and alcohol issues and musculoskeletal/injury (Table 6.7).

Health checks may be performed for a number of reasons specific to the prison environment, which contributes towards them being the most common reason for attending the clinic. Prisoners who are entering prison, have returned to prison (e.g. from being transported to and from court), are on suicide or self-harm alert or have been in segregation may be given a routine health check.

Table 6.7: Problems managed in prison clinics, 2009

Problem managed	Number of problems managed	Per cent of problems managed	Number of prisoners	Per cent of prisoners in custody
Health check	1,809	19	1,345	9
Diabetes	1,320	14	308	2
Psychological/mental health	1,147	12	833	5
Pathology	995	11	660	2
Skin	484	5	377	2
Drug and alcohol issue	478	5	282	2
Medication	413	4	252	2
Musculoskeletal injury	354	4	303	2
Musculoskeletal	324	3	283	2
Other	224	2	202	1
Cardiovascular disease	222	2	182	1
Respiratory	218	2	183	1
Communicable disease	217	2	199	1
Dental	201	2	178	1
Digestive	200	2	169	1
Wound care	166	2	111	1
Asthma	160	2	110	1
Sensory	116	1	100	1
Vaccination	99	1	97	1
Neurological	78	1	71	<1
Malignancy	59	1	42	<1
Arthritis	46	0	45	<1
Women's health	36	0	27	<1
Total	9,406	100	(total number of prisoners in custody) 16,005	

Notes

1. Totals include 40 clinic visits with unknown problem managed.
2. Table includes Victoria, Queensland, Western Australia, South Australia and the Australian Capital Territory.

Source: National Prisoner Health Census 2009

Clinic visits where multiple problems were managed were more common among female than male prisoners. At over one-third (34%) of clinic visits by female prisoners, more than one problem was managed, compared with 28% for visits by males. Indigenous and

non-Indigenous prisoners both had around 30% of visits where more than one problem was managed.

As may be expected, clinic visits by older prisoners were more likely to have more than one problem managed than visits by younger prisoners (Table 6.8). During the census week, over three-quarters of visits by prisoners aged 18–24 years were managing one problem only, compared with just over two-thirds (67%) of visits by prisoners aged at least 45 years. In almost 10% of visits by prisoners in the oldest age group, 3 or more problems were managed.

Table 6.8: Prison clinic visits, number of problems managed per visit, by age group, 2009

Visits	18–24		25–34		35–44		45+		Total	
	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent
1	723	76	1,853	74	1,143	69	1,093	67	4,930	72
2	182	19	505	20	404	24	396	24	1,508	22
3+	41	4	133	5	102	6	143	9	430	6
Total	946	100	2,491	100	1,649	100	1,632	100	6,868	100

Note: Includes Victoria, Queensland, Western Australia, South Australia and the Australian Capital Territory.

Source: National Prisoner Health Census 2009.

The problems managed in clinic visits by male and female prisoners were broadly similar. The greatest difference was for drug and alcohol issues, which made up 14% of problems managed for female prisoners compared with 3% for males (Table 6.9). This may be partly attributable to the small number of female prisoners, and to the finding that the association between drug use and criminal activity may be stronger in women than men (Loxley & Adams 2009).

The problems managed at prison clinic visits differed by the age of the prisoner (Table 6.10). The three most commonly managed problems differed between age groups. For those aged 18–24 years, health check (23%), psychological or mental health issues (20%) and pathology (8%) were most common. For prisoners aged 25–34 years and 35–44 years, health check (19–20%) and psychological or mental health issues (12–14%) were followed by diabetes (12%) as the third most commonly managed problem. For prisoners aged 45 years or older, diabetes became the most common problem managed, at almost one-quarter (24%), followed by health check (16%) and pathology (14%).

As the prevalence of diseases such as diabetes and CVD increased with age, older prisoners were more likely than younger prisoners to visit the clinic for these conditions. Diabetes increased from 5% of problems managed for prisoners aged 18–24 years to 24% for those aged 45 years and older. Cardiovascular disease also increased from 1% for those aged under 35 years to 5% for the oldest age group. Psychological or mental health issues showed the opposite pattern, decreasing from representing 20% of problems managed at prison clinic visits for 18–24 year olds, to just 6% for those aged 45 years or over.

Table 6.9: Problems managed in clinic visits, by type of problem and sex, 2009

Problem managed	Male		Female		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
Health check	1,450	19	327	22	1,809	19
Diabetes	1,127	15	173	12	1,320	14
Psychological/mental health	940	12	186	13	1,147	12
Pathology	852	11	129	9	995	11
Skin	408	5	69	5	484	5
Drug and alcohol issue	270	3	201	14	478	5
Cardiovascular disease	200	3	20	1	222	2
Asthma	111	1	47	3	160	2
Malignancy (cancer)	56	1	2	0	59	1
Arthritis	43	1	3	0	46	0
All other conditions	2,276	29	298	20	2,646	28
Total	7,765	100	1,460	100	9,406	100

Notes

1. Totals include 40 clinic visits with unknown problem managed, and 181 problems managed at visits where the sex of the prisoner was unknown.
2. Table includes Victoria, Queensland, Western Australia, South Australia and the Australian Capital Territory.

Source: National Prisoner Health Census 2009

Table 6.10: Problems managed in prison clinics, by type of problem and age group, 2009

Problem managed	18–24		25–34		35–44		45+		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Health check	286	23	637	19	461	20	388	16	1,809	19
Diabetes	56	5	390	12	274	12	581	24	1,320	14
Psychological/mental health	244	20	469	14	281	12	131	6	1,147	12
Pathology	98	8	295	9	264	11	321	14	995	11
Skin	75	6	189	6	118	5	92	4	484	5
Drug and alcohol issue	49	4	261	8	120	5	40	2	478	5
Asthma	22	2	74	2	26	1	35	1	160	2
Cardiovascular disease	9	1	41	1	57	2	114	5	222	2
Malignancy (cancer)	2	0	3	0	18	1	35	1	59	1
Arthritis	-	0	9	0	8	0	28	1	46	0
All other conditions	378	31	927	28	662	29	605	25	2,646	28
Total	1,223	100	3,312	100	2,299	100	2,377	100	9,406	100

Notes

1. Totals include 40 clinic visits where the type of problem managed was unknown and 352 problems managed at visits where the age of the prisoner was unknown.
2. Table includes Victoria, Queensland, Western Australia, South Australia and the Australian Capital Territory.

Source: National Prisoner Health Census 2009.

The problems managed in clinic visits were similar for Indigenous and non-Indigenous prisoners, with equal or almost equal proportions in each of the problem managed categories.

For further information on specific conditions refer to Chapter 3 (for physical and mental health conditions) and Chapter 5 (for alcohol and other drug issues).

6.9 Opioid pharmacotherapy treatment

INDICATOR: Proportion of prison entrants who report being on pharmacotherapy medication for opioid dependence.

NUMERATOR: Number of prison entrants who report being on pharmacotherapy medication for opioid dependence.

DENOMINATOR: Total number of prison entrants during the census week.

INDICATOR: Number of prisoners in custody who received medication for opioid dependence.

In 1993 the WHO issued guidelines on HIV infection and AIDS in prisons. The guidelines stated that 'drug-dependent prisoners should be encouraged to enrol in drug treatment programmes while in prison, with adequate protection of their confidentiality. Such programmes should include information on the treatment of drug dependency and on the risks associated with different methods of drug use. Prisoners on methadone maintenance prior to imprisonment should be able to continue this treatment while in prison. In countries in which methadone maintenance is available to opiate dependent individuals in the community, this treatment should also be available in prisons' (Kastelic et al. 2008).

Opioid pharmacotherapy treatment (OPT) is one form of treatment for heroin- and other opiate-dependent people which alleviates withdrawal symptoms and blocks the craving for illicit opiates by using prescribed opioid agonists, which have some properties similar or identical to those of heroin and morphine, including the effect on the brain. The most common form of pharmacotherapy treatment is methadone maintenance treatment, while buprenorphine is also quite common in some countries (Kastelic et al. 2008).

Incarceration may provide an opportunity to access drug treatments, including pharmacotherapy and counselling programs. A significant reduction has been found in the frequency of injecting and sharing of injecting equipment by inmates enrolled in methadone maintenance programs, in contrast to those who were not provided with substitution therapy (Dolan et al. 1996).

The physical and psychological effects of sudden withdrawal for an opiate-addicted person may exacerbate the already vulnerable situation of someone entering prison. This may have not only physical health consequences such as an increased risk of sharing needles; for someone entering prison, such withdrawal effects may also diminish their capacity to make informed legal decisions (Bruce & Schleifer 2008).

As of January 2008, Australia was one of 29 countries offering OPT in prisons (Larney & Dolan 2009). In some jurisdictions, however, this is restricted to prisoners who were on OPT in the community prior to entering prison.

Methadone is the most commonly available treatment in Australian prisons, with maintenance and treatment programs offered in all jurisdictions except Queensland, which only provides maintenance programs for female prisoners. The use of buprenorphine is less common, with New South Wales, Victoria and South Australia the only jurisdictions providing this treatment in prisons. Buprenorphine with naloxone is only provided in Victoria and Western Australia and only for prisoners who were on this treatment prior to entering prison (Table 6.11).

Table 6.11: Availability of opioid substitution treatment in Australian prisons, states and territories, 2009

	Methadone		Buprenorphine		Buprenorphine/naloxone	
	Maintenance	Initiation	Maintenance	Initiation	Maintenance	Initiation
NSW	√	√	√	√	×	×
Vic	√	√	√	×	√	×
Qld	√ (females only)	×	×	×	×	×
WA	√	√	×	×	√	×
SA	√	√	√	√	×	×
Tas	√	×	×	×	×	×
ACT	√	√	×	×	×	×
NT	√	×	×	×	×	×

Source: Levy et al. 2007 and National Prisoner Health Census 2009.

On a snapshot day during 2008, there were 41,347 people across Australia receiving pharmacotherapy treatment for opioid addiction, and 7% of these were in correctional facilities (AIHW 2008d).

In the Census, prison entrants were asked whether they were currently on an OPT or had been in the past. Almost one-fifth (19%) of entrants reported having ever been on an OPT. A small proportion of entrants indicated that they were currently on a methadone program (5%) or other opiate replacement program (3%). Just over one in ten entrants (11%) had been on a methadone program at some time in the past, and 8% had been on another OPT in the past (Table 6.12).

One in ten (10%) Indigenous prison entrants had been on a program at some time, compared with one in five (22%) non-Indigenous entrants.

Table 6.12: Prison entrants, opioid pharmacotherapy treatment history, 2009

Opioid pharmacotherapy treatment	Currently		In the past	
	Number	Per cent	Number	Per cent
Methadone	27	5	58	11
Other opiate replacement program	16	3	42	8
Total prison entrants	549	100	549	100

Notes

1. Percentages are of all prison entrants. Note that prison entrants may have been on a program both in the past and currently.
2. Table includes New South Wales, Victoria, Queensland, Western Australia, South Australia and the Australian Capital Territory.

Source: National Prisoner Health Census 2009.

As part of the Census, jurisdictions were asked to provide data regarding the number of prisoners on OPT during 2007–08. New South Wales, Victoria, Queensland and Western Australia were able to provide data. There were 4,120 prisoners on OPT during 2007–08 (Table 6.13). Methadone was the most frequently used pharmacotherapy treatment with both Subutex and Suboxone being less available to prisoners. Females were over-represented among prisoners on OPT, with one-fifth (20%) of prisoners on OPT being female. This discrepancy will be in part due to methadone being available only to females in Queensland (Table 6.11).

Details on age and Indigenous status of prisoners on OPT were not available from some jurisdictions and will not be reported here.

Table 6.13: Prisoners on opioid pharmacotherapy treatment by program and sex, 2007–08

Opioid pharmacotherapy treatment	Male	Female	Total
Methadone program	2,716	692	3,408
Subutex program	318	77	395
Suboxone program	259	58	317
Total	3,293	827	4,120

Note: Includes New South Wales, Victoria, Queensland and Western Australia.

Source: National Prisoner Health Census 2009; ABS Prisoners in Australia 2008.

6.10 Medication

The Prisoners in Custody—Repeat Medications form (see Appendix 5) was used to collect information on all prescribed medications administered to prisoners on one day during the census week. Depot medications (such as antipsychotics) were included, regardless of whether or not they were actually administered on the census day, while routine, household-type medications taken on an as-needed basis (such as paracetamol) were not included.

Data on medications were collected by the Australian Capital Territory, Queensland and South Australia (through the census forms) and provided by Western Australia electronically. Limited aggregate data on medication were provided by New South Wales and Tasmania electronically.

INDICATOR: Proportion of prisoners in custody who received prescribed medication.

NUMERATOR: Number of prisoners in custody who received prescribed medication.

DENOMINATOR: Total number of prisoners in custody on 30 June 2009.

Over two-fifths of prisoners in custody (41%) were taking regular medication during the census week (Table 6.14). Almost three-fifths (56%) of all females in prison were taking prescribed medication, compared with just under two-fifths (39%) of males. Many prisoners were taking more than one type of medication. Prisoners took an average of 2.3 medications each with females taking an average of 2.5 medications compared with 2.3 for males. Three fifths (60%) of males taking medication and 69% of females took more than one type of medication. At least 5 different medications were taken by 10% of prisoners, up to a maximum of 15 medications.

Table 6.14: Prisoners in custody taking medication, by sex, 2009

	Male	Female	Total
Number of prisoners who took prescribed medication	4,386	502	4,929
Number of prisoners in custody	11,263	897	11,998
Number of medications	10,194	1,280	11,580
Proportion of prisoners who received prescribed medication (%)	39	56	41
Average number of medications per prisoner	2.3	2.5	2.3

Notes

1. Totals include 41 prisoners and 106 medications records where the sex of the prisoner was unknown.
2. Table includes Queensland, Western Australia, South Australia and the Australian Capital Territory.

Source: National Prisoner Health Census 2009.

The number of prescribed medications administered to prisoners during the census week is shown in Table 6.15. It includes data from the Census for Queensland, Western Australia, South Australia, Tasmania and the Australian Capital Territory. Tables 6.15 and 6.16 are the only tables in the medications section which include Tasmania, as details required in the remaining tables were not available from that jurisdiction.

Two out of the three most common types of medication were for mental health issues. The most common type of medication administered was for depression or mood stabilisation (16% of all medications), followed by antipsychotics (10%), pain medication and anti-inflammatory or arthritis medication, each at 9% of medications prescribed.

Of the 12,538 prisoners in custody in Queensland, Western Australia, South Australia, Tasmania and the Australian Capital Territory, 17% were taking medication for depression or

mood stabilisation, and 10% each for psychoses and pain. A further 9% of prisoners in custody were taking anti-inflammatories or medication for arthritis and related conditions.

Table 6.15: Number and proportion of prescribed medications administered during the census week, 2009

Medication category	Number	Per cent of prescribed medications	Per cent of prisoners in custody
Depression/mood stabilisers	1,967	16	16
Psychoses	1,143	9	9
Pain (analgesics—repeat only)	1,132	9	9
Anti-inflammatories/arthritis	1,097	9	9
Digestive	987	8	8
High blood pressure/angina/heart conditions	910	7	7
Cholesterol	609	5	5
Asthma	535	4	4
Methadone	503	4	4
Infection (antibiotics)	429	3	3
Infectious diseases	428	3	3
Diabetes	407	3	3
Vitamins	345	3	3
Anxiety	343	3	3
Sleep disturbance	249	2	2
Neurological	212	2	2
Allergies	214	2	2
Antifungals	173	1	1
Skin	136	1	1
Nicotine	84	1	1
Other not elsewhere defined	251	2	2
Total prescribed medications	12,414	100	..

Notes

1. Total includes 14 unknown medications.
2. Table includes Queensland, Western Australia, South Australia and the Australian Capital Territory.

Source: National Prisoner Health Census 2009.

The number of repeat ongoing medications administered during the census week (without short-term prescribed medications such as antibiotics, anti-infectives and antifungals) is shown in Table 6.16. Mental health related medications made up one-third (33%) of all repeat medications (depression/mood stabilisers 18%, antipsychotics 10%, anti-anxiety medication 3% and medication for sleep disturbance 2%).

Table 6.16: Number and proportion of repeat medications administered during the census week, 2009

Medication category	Number	Per cent of repeat medications
Depression/mood stabilisers	1,967	18
Psychoses	1,143	10
Pain (analgesics—repeat only)	1,132	10
Anti-inflammatories/arthritis	1,097	10
Digestive	987	9
High blood pressure/angina/heart conditions	910	8
Cholesterol	609	5
Asthma	535	5
Methadone	503	5
Diabetes	407	4
Vitamins	345	3
Anxiety	343	3
Sleep disturbance	249	2
Neurological	212	2
Allergies	214	2
Skin	136	1
Nicotine	84	1
Other not elsewhere defined	251	2
Total repeat medications	11,124	100

Notes

1. Total includes 14 unknown medications.
 2. Table includes Queensland, Western Australia, South Australia and the Australian Capital Territory.
- Source: National Prisoner Health Census 2009.

There were differences in the medications taken by male and female prisoners (Table 6.17). During the census week, just under one-quarter (24%) of the 897 female prisoners in custody were taking prescribed medication for depression or mood stabilisation, compared with 14% of the 11,263 male prisoners. Antipsychotic medications were taken by 15% of female prisoners compared with 9% of male prisoners during the census week. A higher proportion of female (10%) than male (4%) prisoners were also taking asthma medications.

The proportion of prisoners taking certain types of medication was greater in older age groups than younger age groups of prisoners (Table 6.18). Of the 2,417 prisoners aged 18–24 years, 11% were taking medication for depression or mood stabilisation. This proportion rose to 15% of the 4,342 prisoners aged 25–34 years, and to 17% each for the 3,145 prisoners aged 35–44 years and the 2,057 aged 45 years or older. The trend was especially noticeable for medications for physical conditions such as heart conditions (which rose from 0% of those aged 18–24 years to almost one-quarter (24%) of those aged 45 years or older), arthritis (3% of 18–24 years to 18% of 45 years and older), digestive complaints (which rose from 2% for the youngest prisoners to 16% of those in the oldest age group) and diabetes (from 0% to 10%).

Table 6.17: Prisoners in custody taking selected prescribed medications, by sex, 2009

	Male		Female		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
Depression/mood stabilisers	1,573	14	217	24	1,811	15
Psychoses	968	9	134	15	1,107	9
Anti-inflammatories/arthritis	942	8	67	7	1,020	9
Pain (analgesics—repeat only)	943	8	79	9	1,033	9
Digestive	819	7	79	9	909	8
High blood pressure/angina/heart condition	724	6	60	7	791	7
Cancer	15	0	1	0	17	0
Asthma	443	4	87	10	535	4
Diabetes	354	3	32	4	387	3

Notes

1. Totals include 14 medications of unknown type and 106 medications for prisoners whose sex was unknown.
2. Table includes Queensland, Western Australia, South Australia and the Australian Capital Territory.

Source: National Prisoner Health Census 2009.

Table 6.18: Prisoners in custody taking selected prescribed medications, by age group, 2009

	18–24		25–34		35–44		45+		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Depression/ mood stabilisers	262	11	643	15	548	17	346	17	1,811	15
Psychoses	183	8	468	11	311	10	139	7	1,107	9
Anti-inflammatories/ arthritis	74	3	243	6	327	10	371	18	1,020	9
Pain (analgesics— repeat only)	90	4	294	7	312	10	329	16	1,033	9
Digestive	56	2	245	6	266	8	336	16	909	8
High blood pressure/angina/ heart condition	12	0	87	2	201	6	486	24	791	7
Cancer	–	–	5	0	4	0	7	0	17	0
Asthma	75	3	172	4	151	5	132	6	535	4
Diabetes	5	0	61	1	119	4	201	10	387	3

Notes

1. Totals include 14 medications of unknown type and 81 medications for prisoners whose age was unknown.
2. Table includes Queensland, Western Australia, South Australia and the Australian Capital Territory.

Source: National Prisoner Health Census 2009.

A greater proportion of the 8,174 non-Indigenous were taking each type of prescribed medication (except for diabetes medication), compared with the 3,824 Indigenous prisoners (Table 6.19). Almost one-fifth (18%) of non-Indigenous prisoners were taking medication for depression or mood stabilisation, compared with 9% of Indigenous prisoners. Medication for pain was taken by 10% of non-Indigenous prisoners and by 4% of Indigenous prisoners. Diabetic medication was taken by 5% of Indigenous prisoners, compared with 2% of non-Indigenous prisoners.

Table 6.19: Prisoners in custody taking selected prescribed medications, by Indigenous status, 2009

Prescribed medications	Indigenous		Non-Indigenous		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
Depression/mood stabilisers	326	9	1,435	18	1,811	15
Psychoses	274	7	807	10	1,107	9
Anti-inflammatories/arthritis	218	6	780	10	1,020	9
Pain (analgesics—repeat only)	145	4	854	10	1,033	9
Digestive	163	4	722	9	909	8
High blood pressure/angina/ heart condition	233	6	537	7	791	7
Cancer	—	0	16	0	17	0
Asthma	101	3	424	5	535	4
Diabetes	186	5	196	2	387	3

Notes

1. Totals include 14 medications of unknown type and 271 medications for prisoners whose age was unknown.
2. Table includes Queensland, Western Australia, South Australia and the Australian Capital Territory.

Source: National Prisoner Health Census 2009.

Mental health related medication

The 2007 National Health Survey (NHS) found that antidepressants were the most commonly used mental health medication (19%), followed by sleeping tablets or capsules (8%) and tablets or capsules for anxiety or nerves (5%). A higher proportion of females than males used antidepressants (22% and 15% respectively). About half (49–50%) of both males and females did not use any medications for a mental health related condition.

There were 2,569 prisoners taking mental health related medication during the census week (21% of the 11,998 prisoners in Queensland, Western Australia, South Australia and the Australian Capital Territory). One-third (33%) of female prisoners were taking some form of medication for mental health conditions, compared with only one-fifth (20%) of male prisoners. A greater proportion of female than male prisoners was taking each type of mental health related medication (Table 6.20).

For each type of mental health related medication, and in each age group, a greater proportion of non-Indigenous than Indigenous prisoners was taking the medication (Table 6.21 on page 95). Overall, almost one-quarter (24%) of the 8,174 non-Indigenous prisoners were taking a mental health related medication, compared with 13% of the 3,284 Indigenous prisoners. Medications for depression or mood stabilisation were taken by proportionally more than twice as many non-Indigenous prisoners as Indigenous prisoners. For prisoners aged 18–34 years, 7% of the Indigenous prisoners took this medication, compared with 16% of non-Indigenous prisoners. A smaller proportion of the 2,340 prisoners aged 18–24 years was taking mental health related medication (22%), compared with prisoners in the other age groups (31–34% of the 8,941 prisoners aged 25 years or older).

Table 6.20: Prisoners in custody taking mental health related medication, by medication type and sex, 2009

Medication type	Male		Female		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
Anxiety	281	2	40	4	328	3
Depression/mood stabilisers	1,573	14	217	24	1,811	15
Psychoses	968	9	134	15	1,107	9
Sleep disturbance	214	2	34	4	249	2
Total taking any mental health medication	2,244	20	298	33	2,569	21

Notes

1. A prisoner taking more than one type of medication will be counted more than once.
2. Totals include 34 medications taken by prisoners whose sex was unknown.
3. Table includes Queensland, Western Australia, South Australia and the Australian Capital Territory.

Source: National Prisoner Health Census, 2009.

6.11 Medication for hepatitis C

The management of hepatitis C is a significant issue for prisons given its high prevalence in prisoners, and pharmaceutical treatment is long term and complex. 'Combination therapy' involves injecting pegylated interferon weekly for either 6 or 12 months and taking ribavirin daily. This course of treatment must be continuous and the length depends on the strain of hepatitis C and the early response to treatment (Hepatitis Australia 2009).

Given its length, such a treatment program is difficult within a prison setting because unless it can be completed before the prisoner is released, continuity of care into the community may be problematic.

INDICATOR: Number of prisoners in custody who received medication for hepatitis C.

As part of the Census, jurisdictions were asked to provide data relating to the number of prisoners who had received medication for hepatitis C during 2007–08. These data were only available from New South Wales, Western Australia and the Australian Capital Territory. In these three jurisdictions, 114 prisoners received treatment for hepatitis C.

6.12 Full-time equivalent staffing ratios

The provision of health-care services to prisoners is dependent upon the availability of suitability qualified staff. Health services in prisons must be sufficiently staffed by trained, licensed and qualified health professionals, who provide health-care services that meet national standards of care for community clinical care settings (APHA 2003).

Table 6.21: Prisoners in custody taking mental health related medication, by medication type, age group and Indigenous status, 2009

Mental health related medication type	18–24		25–34		35–44		45+		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Indigenous										
Anxiety	13	1	25	2	22	2	8	2	68	2
Depression/mood stabilisers	59	6	122	8	102	11	43	11	326	9
Psychoses	64	6	122	8	70	7	18	5	274	7
Sleep disturbance	6	1	11	1	7	1	7	2	31	1
Total taking any mental health related medication	94	9	209	14	147	15	53	14	503	13
Non-Indigenous										
Anxiety	29	2	108	4	76	3	38	2	251	3
Depression/mood stabilisers	195	14	509	18	433	20	293	17	1,435	18
Psychoses	113	8	339	12	233	11	120	7	807	10
Sleep disturbance	28	2	78	3	51	2	55	3	213	3
Total taking any mental health related medication	273	19	756	26	582	27	380	23	1,997	24
Total										
Anxiety	42	2	135	3	100	3	48	2	328	3
Depression/mood stabilisers	262	11	643	15	548	17	346	17	1,811	15
Psychoses	183	8	468	11	311	10	139	7	1,107	9
Sleep disturbance	35	1	93	2	58	2	62	3	249	2
Total taking any mental health related medication	378	16	983	23	747	24	445	22	2,569	21

Notes

1. A prisoner taking more than one type of medication will be counted more than once.
2. Totals include 22 medications taken by prisoners whose age was unknown and 90 whose Indigenous status was unknown.
3. Table includes Queensland, Western Australia, South Australia and the Australian Capital Territory.

Source: National Prisoner Health Census, 2009.

Limited information is available on the required FTE staffing levels of prison health clinics. In the USA one full-time physician (40 hours per week) has been recommended for every 200 to 750 prisoners (APHA 2003), and one full-time physician for prisons with 500 or more inmates with another physician for each additional 1,000 inmates or a substantial percentage thereof (Puisis 2006).

The number of health-care staff required in a prison is dependent upon factors such as:

- whether the prison is a reception centre where complete medical examinations are performed
- whether the prison is a women's prison, as medical use may be higher than in a male prison
- requirements for drug and alcohol detoxification
- trauma and emergency incidence rates that may necessitate ongoing professional staffing.

INDICATOR: Ratio of full-time equivalent health staff working within the correctional system to the total number of prisoners.

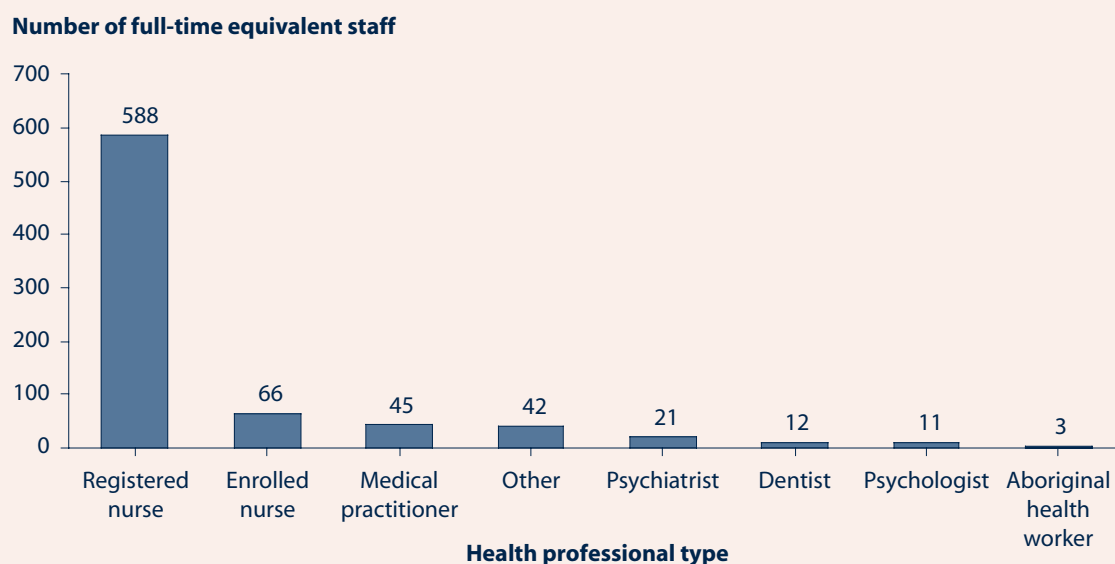
NUMERATOR: Number of full-time equivalent health staff working within the correctional system on the reference date.

DENOMINATOR: Total number of prisoners in custody on 30 June 2009.

The number of FTE² positions in Australia's prisons at the Census is shown in Figure 6.2. The data in this figure came from 68 prisons around Australia. Three-quarters (75%) of the FTE health staff in prisons were registered nurses (588.1 FTE). Enrolled nurses make up 8% of the FTE staff (65.8 FTE), followed by medical practitioners (6%, 44.8 FTE).

There was a total of 790.3 FTE health staff working in the 68 prisons in all jurisdictions except Tasmania. This represented a rate of 3 FTE health staff per 100 prisoners in custody, based on the 26,031 prisoners in custody on 30 June 2009 in the 68 prisons which participated in the Census.

Figure 6.2: Full-time equivalent health staff in Australia's prisons, 2009



Note: Includes New South Wales, Victoria, Queensland, Western Australia, South Australia, the Australian Capital Territory and the Northern Territory.

Source: National Prisoner Health Census 2009.

² Full-time equivalent staff units are on-the-job hours paid for (including overtime) and hours of paid leave of any type for a staff member (or contract employee where applicable), divided by the number of ordinary-time hours normally paid for a full-time staff member when on the job (or contract employee where applicable) under the relevant award or agreement for the staff member (or contract employee occupation where applicable). Hours of unpaid leave are excluded.

7

Comparisons with the general community and prisoners internationally