Lack of clinical treatment leading to repeat offending

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Under-diagnosis of mental illness and insufficient treatment options are some of the reasons behind SA's high recidivism rates, according to those who work in prisoner rehabilitation.

Experts involved in assessing, treating and rehabilitating prisoners say that clinical services for prisoners must be improved to reduce re-offending and make communities safer.

They warn of the fine line between using punishment as an effective deterrent and "overdosing" on punishment, which has the reverse effect of fuelling anti-social behaviour.

Luke Broomhall, a prominent forensic psychologist, said one stint in prison might be enough to deter some offenders for life, but for many prisoners, especially those with cognitive impairments, prison can forge a long, cyclical path of criminality.

"Quite often prisoners that are in the low-risk group are going to be deterred by going to prison," he said. "It's the same kind of principle that keeps most people on the straight and narrow. But often the low risk group are not given any resources in prison to help with that transition from prison back to the community and link in with community programs."

"It would certainly be better if prisoners had more access to funded programs that provided a clear pathway to community re-integration."

Mr Broomhall said any additional investment in community-based transition programs should be focused on those prisoners who were more susceptible to relapsing upon leaving prison.

One of the biggest problems is that, anecdotally, a frighteningly high number of prisoners have cognitive impairments which go untreated or undiagnosed. This means that prisoners are released in the community without the essential support they need, and often their offending escalates.

Figures on the proportion of South Australian prisoners with cognitive impairments are sketchy, as the Department of Corrections does not collect data on prisoners with intellectual disabilities or other neurological impairments. The Australian Institute of Health and Welfare reports that 12% of prisoners have an intellectual disability and a further 30% have a borderline intellectual disability. A Corrections Victoria study reported that 42% of male and 33% of female prisoners had a confirmed acquired brain injury, while Brain Injury Australia reported that, according to local and international surveys, as many as 60% of offenders report histories of acquired brain injuries.

Mr Broomhall said there was a significant lack of available expertise to psychologically assess and diagnose prisoners. Intensive cognitive testing is required to determine if a prisoner has, for example, an intellectual impairment or an acquired brain injury).

"Not all psychologists are trained in how to apply the tests," Mr Broomhall said.

"Another issue is the limited services available. I am not aware of any special services in the system that would cater for a person with an acquired brain injury."

"To my knowledge there are not any brain-injury specific programs. In terms of reducing recidivism, one of the issues people with acquired brain injuries have is impulse control. A lot of offending is reactive, so a strategy to curb impulsive behaviour is absolutely crucial otherwise you get people who come out of prison and you know they're going to go straight back in."

"I have seen a good number of people who have the right intentions and don't want to re-offend but because they have no impulse control they snap and get back into trouble."

"The people in the criminal justice system do a good job and there are some good programs, but there are just not enough programs to cater for all the people who need them."

Dr Anthea Krieg, who is employed at the Ceduna Koonibba Aboriginal Health Service and is a former prison medical officer, said the paucity of rehabilitation programs in the community and absence of psychologists to perform assessments was a major deficit in the system.

"The focus has to be back in the community," she said. "Rehabilitation services need to be primarily community based and from my point of view it is a major short fall in community based services that's creating issues."

"We've inappropriately got far too many people in prison because we have not got those services set up in the community properly."

Dr Krieg said disability services are woefully inadequate, resulting in such a "massive under-diagnosis of people with disabilities that we don't even know the numbers of people with disabilities".

She said those with "borderline" disabilities were the most disadvantaged because they were ineligible for disability services. This includes people with a borderline intellectual disability, defined as having an IQ of 70-80.

"Those with borderline intellectual disabilities ... have lower cognitive functioning, which means their problem solving and decision making is impaired," Dr Krieg said.

"They are more vulnerable to drug use, more vulnerable to mental health problems, more vulnerable to exploitation."

Dr Krieg said offenders with acquired brain injuries also often go without clinical support because it is an "invisible" condition.

Acquired brain injury can be caused by factors such as head trauma (e.g. motor vehicle accidents, falls or violent altercations), strokes, brain infections, drug or alcohol use, and other diseases of the brain.

Forensic Psychologist Mr Richard Balfour, in a recent presentation to the Law Society, explained some of the characteristics of ABI sufferers, which include a lack of impulse control, poor insight into their own capabilities, distress

caused by hyper-sensitivity to sensory stimuli, impaired memory, disregard for social conventions and boundaries, expression of unfiltered thoughts, experience of information overload and inability to cope with stress, among many other traits that hamper the ability of ABI sufferers to negotiate the world around them.

Mr Balfour described acquired brain injury sufferers as a "diverse, neglected and tragic group". They can come in the form of a woman suffering pugilistic dementia caused by domestic violence, a young man who developed an acquired brain injury due to being shaken as a baby, a prisoner whose father kicked his mother in the stomach when she was pregnant with him, or a man whose petrol sniffing resulted in an acquired brain injury.

Dr Krieg said that the majority of cognitively impaired inmates commit lower level crimes and are in prison for relatively short terms, meaning they miss out on support services that can help them develop essential skills such as communication, problem solving, concentration and mobility.

"Psychologists are a rare and precious resource and really the only way to assess these people is through psychological assessments," she said. "Within prison there isn't the capacity to assess people and within the community we have got a major shortage."

Dr Krieg said the problem was compounded in regional areas and it was "almost impossible" to get assessments done in Ceduna and surrounding areas.

She said prisoners, especially undiagnosed and untreated ones, were highly vulnerable to exploitation and being "recruited" by fellow inmates to partake in criminal activity after they're released.

While prisoners who are diagnosed and have clearly identified needs can respond well to treatment, Dr Krieg estimates they are in the minority.

"It is the 90% that they really cannot assess or support that suffer, because people are disconnected from community services," she said.

TRANSITIONING TO THE COMMUNITY

OARS Community Transitions, as its name suggests, helps to facilitate the transition from prison to the community. Its primary functions are to provide emergency accommodation when inmates are released from prison, as many prisoners have no money and nowhere to go post-release, and drug and alcohol treatment and support.

OARS is also involved in several programs aimed at reducing incarceration and recidivism, including the courts intervention programs for domestic violence, gambling and drug and alcohol related offending.

OARS CEO Leigh Garrett said emergency accommodation was a critical service for prisoners to integrate in the community.

"There is a period of time prior to release and after release that is absolutely critical in reducing the likelihood of offending" Mr Garrett said.

"If you are not mentally prepared for release it's a pretty scary thing," he said. "Prisoners have got an expectation that change is possible after they get released, and our aim is to deliver services that make that expectation real."

Mr Garrett calls it "assertive case management", and it is focused on linking ex-prisoners with the support services they need while encouraging them to take responsibility for their actions.

Mr Garrett said many prisoners are disengaged from the criminal justice process. Having their guilt determined by a judge or jury tends to have little impact on their understanding of the harm they have created for victims and hence has little restorative value. Unless offenders take ownership of their own actions, and can understand their personal accountability to victims more fully, reform was unlikely.

Mr Garrett said too many prisoners were ineligible for programs due to length of prison terms, but echoed Mr Broomhall's sentiments about ensuring the resources were directed where they were needed most.

He said it was unfeasible to enrol every prisoner in crime prevention programs, but there were too many prisoners being left to their own devices to their own - and the community's - detriment.

"If you have got a sentence of less than 12 months or are on remand then you don't get any services and the trouble with that is the majority of prisoners are either short term prisoners or remandees," Garrett said.

According to an Australian Bureau report released in December, South Australia has the highest proportion of unsentenced prisoners in Australia, with a staggering 41% of the jail population on remand. Remandees spend an average of 2.3 months in custody.

The figures also indicate that 45% of prisoners are sentenced for less than two years.

"We see a risk attached to that as a lot of theses prisoners escalate their crime, and the more often they go to prison the greater likelihood they will learn some more (criminal) skills. And their social network is constrained to other prisoners."

Mr Garrett said some prisoners continue to commit crimes, or commit more serious crimes, in order to get a sentence that will make them eligible for rehabilitation services.

"I think the notion that you only get access to services once you commit a really serious crime needs to be challenged."

Mr Garrett said that the recently released report of the 10By20 Project Advisory Committee has gone a very long way to change the way offender rehabilitation will occur in South Australia. "The Minister for Correctional Services, The Hon Peter Malinauskas MLC, who commissioned the report, has in his hands a really good blueprint for reducing repeat offending," Mr Garrett said. "The report addresses most of OARS concerns about how services and support needs to change to ensure that repeat offending is reduced. The challenge for the Minister is to convince his Cabinet colleagues that these new types of services must be adequately resourced. "

OARS recently secured $1,500,000 in Federal Government funding to deliver alcohol and drug services to offenders over the next three years. Mr Garrett said it would at least double his organisation's capacity to provide this treatment, but it won't eliminate the huge waiting list for drug and alcohol services. This has also been supplemented by funds from the Department for Correctional Services which provides OARS Community Transitions with the opportunity to start the drug and alcohol rehabilitation process before prisoners are released.

"It's fair to say that at least 70-75% of people we see have a drug or alcohol issue," Mr Garrett said. "And a similar percentage would have a concurrent or comorbid mental illness issue."

This seems to support the views of highly-regarded forensic psychiatrist Dr Craig Raeside, who in 2014 told the Law Society: "My view is that the three biggest drug problems in society are alcohol, alcohol, and alcohol. If you look at the type of offending that goes on, alcohol is by far the biggest problem in society but it is a legal drug so we tend not to focus on it as much. But in terms of family disruption and violence and aggression, assaults, sexual offences, most of it is alcohol related rather than any other drug. But we are also seeing an increase in problems with amphetamines which is associated with violence as well, and also mental illness because the drugs can spark off a mental illness episode."

Dr Raeside said there needed to be more community based drug and alcohol services for former inmates - so-called "relapse prevention" services.

"Too often people get out of jail and quickly fall back with old friends and old habits and they're back on drugs and alcohol within matter of days or weeks, even when they have generally good intentions to get their life right," he said.

Dr Raeside told the Law Society that in his view, half the people in jail should not be there at all and the other half should be there twice as long.

"If we do incarcerate people then we should do something for them to make them less dangerous when they get out, and I have been concerned about the lack of programs or lack of access to programs in custody - true rehabilitation programs," he said.

"What we want to do is make people less dangerous when they get out and less likely to commit further offences, and so we should focus on how to do that. Whether that is seen to be tough or soft on crime, irrespective of that we should be looking at the end result that we want, which is to make the community safer and protect people from themselves, from falling into old patterns that will lead them into criminal activities."

Dr Krieg, like most medical practitioners who work with prisoners, acknowledged the high costs of supporting prisoners (or would-be prisoners) with extensive clinical support.

"Disability support is expensive and people do need a lot of support," she said. "You need wrap-around services and the psychologists are expensive to do the assessments. Supported accommodation and around the clock care in the case of higher levels of support means that it is an expensive thing to offer."

"But I would still argue not as expensive as prison. If you could put that $100,000 a year into a community based set-up for a range of people, I think you would still come out ahead." B