Snapshot of the health of Australia's prisoners

This table presents a snapshot of the indicators of prisoner health which are presented in detail in the report. The overall number, and the number for Indigenous and non-Indigenous prisoners are presented, along with the source of the data and the page reference within this report where details of the indicator are found.

Indicator	Proportion	Indigenous comparison	Data source	Page
Educational attainment				
Highest level of completed education: Year 10 or below	75%	86% Indigenous 71% non-Indigenous	Entrants form	21
Health conditions				
Self-reported mental health disorder	37%	26% Indigenous 41% non-Indigenous	Entrants form	25
Currently taking medication for mental health	18%	9% Indigenous 20% non-Indigenous	Entrants form	25
High or very high level of psychological distress as measured by the Kessler 10 (K10) scale	29%	26% Indigenous 31% non-Indigenous	Entrants form	26
Distress related to current incarceration	42%	34% Indigenous 44% non-Indigenous	Entrants form	29
History of self-harm	18%	18% Indigenous 18% non-Indigenous	Entrants form	31
Self-harm thoughts in 12 months	10%	9% Indigenous 11% non-Indigenous	Entrants form	31
Head injury with a loss of consciousness	43%	39% Indigenous 44% non-Indigenous	Entrants form	33
Notifiable diseases (prisoners)	n.a.	n.a.	Entrants form	34
Hepatitis C antibody positive	35%	43% Indigenous 33% non-Indigenous	NPEBBV&RBS	35
Hepatitis B core antibody positive	21%	42% Indigenous 17% non-Indigenous	NPEBBV&RBS	37
HIV antibody positive	<1%	n.a.	NPEBBV&RBS	39

Indicator	Proportion	Indigenous comparison	Data source	Page
Currently have asthma	16%	16% Indigenous 16% non-Indigenous	Entrants form	40
Currently have arthritis	6%	4% Indigenous 6% non-Indigenous	Entrants form	42
Currently have cardiovascular disease	3%	3% Indigenous 3% non-Indigenous	Entrants form	43
Currently have diabetes	3%	4% Indigenous 2% non-Indigenous	Entrants form	44
Currently have cancer	<1%	n.a.	Entrants form	45
Women's health				
Ever been pregnant	84%	79% Indigenous 85% non-Indigenous	Entrants form	46
Average age of first pregnancy	19 years	17 years Indigenous 20 years non-Indigenous	Entrants form	46
Pregnant women in custody (2007–08)	235	n.a.	Establishment form	47
Cervical screening in the last 2 years	46%	57% Indigenous 43% non-Indigenous	Entrants form	47
Deaths				
Number of deaths in custody in 12 months	45	5 Indigenous 40 non-Indigenous	National Deaths in Custody Program (NDICP)	51
Number of deaths post-release	n.a.			51
Health behaviours				
Mean age of smoking first full cigarette	13.9 years	13.9 years Indigenous 13.8 years non-Indigenous	Entrants form	54
Current tobacco smokers	81%	82% Indigenous 80% non-Indigenous	Entrants form	55
Self-reported consumption of alcohol at risky levels in last 12 months	52%	65% Indigenous 47% non-Indigenous	Entrants form	56
Illicit drug use in last 12 months	71%	72% Indigenous 71% non-Indigenous	Entrants form	58
Ever injected drugs	55%	61% Indigenous 53% non-Indigenous	NPEBBV&RBS	62
Injecting drug users who shared injecting equipment in the previous month	20%	n.a.	NPEBBV&RBS	62
Unprotected sex with a new or casual partner in the last month	57%	n.a.	NPEBBV&RBS	64

Indicator	Proportion	Indigenous comparison	Data source	Page
Health service use				
Consultation with medical professional in the community in last 12 months	72%	62% Indigenous 76% non-Indigenous	Entrants form	65
Consultation with medical professional in prison in last 12 months	29%	38% Indigenous 26% non-Indigenous	Entrants form	65
Consultation with medical professional in the community in last 12 months required but not completed	42%	42% Indigenous 43% non-Indigenous	Entrants form	68
Consultation with medical professional in prison in last 12 months required but not completed	5%	4% Indigenous 5% non-Indigenous	Entrants form	68
Reasons for not seeking medical contact in the past 12 months when required	10% too busy 9% cost	n.a.	Entrants form	70
Prison health services				
Visits by an Aboriginal community controlled health organisation or Aboriginal medical service at least once a month	25%	..	Establishment form	72
Referred to mental health services for observation and further assessment	31%	27% Indigenous 32% non-Indigenous	Entrants form	73
Identified during reception process as being currently at risk of suicide or self-harm	7%	3% Indigenous 8% non-Indigenous	Entrants form	74
Hospital transfers during census week	264	n.a.	Establishment form	75
Immunisation available	100%	..	Establishment form	76
Health-related discharge plan for >75% of prisoners upon release	25%	..	Establishment form	76
Proportion of prisoners using the prison clinic during the census week	25%	22% Indigenous 22% non-Indigenous	Clinic form	77
Proportion of clinic visits initiated by the prisoner	41%	37% Indigenous 43% non-Indigenous	Clinic form	79
Proportion of clinic visits initiated by clinic staff	55%	59% Indigenous 54% non-Indigenous	Clinic form	79
Proportion of clinic visits by medical practitioner type	71% nurse 18% GP	75% nurse Indigenous 70% nurse non-Indigenous	Clinic form	81
Proportion of prisoners visiting clinic during census week for health check	9%	n.a.	Clinic form	82
Proportion of prisoners visiting clinic during census week for blood/urine test or result	2%	n.a.	Clinic form	82
Proportion of prisoners visiting clinic during census week for malignancy	<1%	<1% Indigenous <1% non-Indigenous	Clinic form	82
Proportion of prisoners visiting clinic during census week for skin complaint	2%	n.a.	Clinic form	82

Indicator	Proportion	Indigenous comparison	Data source	Page
Proportion of prisoners visiting clinic during census week for musculoskeletal injury	2%	n.a.	Clinic form	82
Proportion of prisoners visiting clinic during census week for communicable disease	1%	n.a.	Clinic form	82
Proportion of prisoners visiting clinic during census week for arthritis	<1%	<1% Indigenous <1% non-Indigenous	Clinic form	82
Proportion of prisoners visiting clinic during census week for musculoskeletal issues	2%	n.a.	Clinic form	82
Proportion of prisoners visiting clinic during census week for asthma	1%	<1% Indigenous 1% non-Indigenous	Clinic form	82
Proportion of prisoners visiting clinic during census week for respiratory complaint	1%	n.a.	Clinic form	82
Proportion of prisoners visiting clinic during census week for digestive complaint	1%	n.a.	Clinic form	82
Proportion of prisoners visiting clinic during census week for psychological/mental health	5%	n.a.	Clinic form	82
Proportion of prisoners visiting clinic during census week for diabetes	2%	3% Indigenous 2% non-Indigenous	Clinic form	82
Proportion of prisoners visiting clinic during census week for cardiovascular disease	1%	1% Indigenous 1% non-Indigenous	Clinic form	82
Current or past pharmacotherapy medication for opioid dependence	19%	10% Indigenous 22% non-Indigenous	Entrants form	86
Number of prisoners taking medication for opioid dependence (2007–08)	4,120	n.a.	Jurisdictions	86
Proportion of prisoners taking prescribed medication	41%	36% Indigenous 45% non-Indigenous	Medication form	89
Number of prisoners taking medication for hepatitis C (2007–08)	114	n.a.	Jurisdictions	94
Ratio of FTE health staff to prisoners	1:33	..	Establishment form	96

1

Introduction

1 Introduction

This report presents the results of the first national data collection on prisoner health in Australia, and reports against the National Prisoner Health Indicators. It provides information on the health of people entering prison (prison entrants), conditions and problems managed by prison health clinics, regular medications taken by prisoners and the operation of prison health clinics.

In October 2009, the first set of national indicators for prisoners' health was published (AIHW 2009b). The first National Prisoner Health Data Collection (NPHDC) for these indicators was conducted during 2009. The NPHDC is designed to monitor indicators of the health of Australian prisoners, with the aim of helping to ensure that appropriate health services are in place to meet the needs of the prisoner population.

The NPHDC includes a set of indicators that intends to cover key health issues in the four key stages of a prisoner's cycle: at prison entry (reception), while in custody, on release from prison and post-release. At this stage of the data collection, the indicators relate mainly to information about prisoners at reception and while in custody. Indicators relating to release and post-release will be developed over time.

The choice of indicators in the NPHDC was influenced by their policy relevance in monitoring key aspects of prisoner health and by the likelihood of being able to collect the data. The indicators are aligned to the National Health Performance Framework (see AIHW 2009b for further details).

The indicators and data collection are the first of their kind in Australia, and have been developed by the AIHW with assistance and advice of the Prisoners Health Information Group (PHIG). The PHIG includes representatives from each state and territory department responsible for prisoner health and other experts in the field.

1.1 Background

Research indicates that prisoners have far greater health needs than the general population, with high levels of mental illness, chronic disease, injury, communicable diseases and disabilities (Butler et al. 2004c; Condon et al. 2007b; Hockings et al. 2002). Several Australian studies have demonstrated increased mortality among prisoners (Hobbs et al 2006b; Karaminia et al 2007c).

Around 90% of prisoners spend less than 12 months on remand, and the median expected length of time to serve on a sentence is less than 2 years (ABS 2009b). This means that each year, thousands of prisoners are released back into the community. The health issues and concerns of prisoners are therefore health issues and concerns of the general population. The World Health Organization's Health in Prisons Project supports this view of prisoner health as an aspect of community health, and recommends that issues such as mental health, overcrowding and reduction of drug-related harm be prioritised in prisons worldwide (WHO 2009).

The Australian Medical Association's position statement on the health care of prisoners and detainees states that 'prisoners and detainees have the same right to access, equity and quality of health care as the general population. Because prisoners will return to society after their imprisonment, their health is an issue of concern to the general population' (AMA 1998).

1.2 Prisoner health services in Australia

Correctional systems in Australia are the responsibility of state and territory governments. Services may be delivered directly or purchased from private providers. Responsibility for the provision of health services to prisoners also rests with state and territory governments, and varies between jurisdictions—ranging from private health care delivery (NT) to the provision of health services by the department responsible for corrective services (WA). In most jurisdictions, however, health departments deliver prisoner health services.

Differences exist in how prison clinics function both between and within jurisdictions. For example, specialists and mental health practitioners treating prisoners may be internal or external providers, prisoners may consult specialist services based in hospitals and in some prisons clinical contacts may be provided 'in the units' (i.e. away from the clinic). Some prison clinics have the capacity to deliver dental services and perform X–rays, whereas other smaller clinics are staffed by a single nurse. See below for details in selected jurisdictions.

New South Wales

Justice Health (NSW) is responsible for providing health care in a complex environment to adults and juveniles in the criminal justice system across four key areas:

- Pre-custody: including diversion for people with mental illness in the adult or juvenile court system away from custody into appropriate treatment, including the Court Liaison Service (in 21 adult courts), the Adolescent Community and Court Team (in 3 children's courts), Adult Drug Court and Youth Drug and Alcohol Court.

- Custody: for adult prisoners (in 31 correctional centres) and juvenile detainees (in 8 juvenile justice centres and 1 juvenile detention centre), periodic detainees (11 centres), and police cell complexes (10 centres). The care provided includes screening, triage, treatment and monitoring in areas such as clinical and nursing services, primary health, population health, drug and alcohol, women's health, Aboriginal health and adolescent health.
- Inpatient: inpatient health-care services including the Long Bay and Forensic Hospitals (primarily responsible for mentally unwell people), as well as organising inpatient and specialist care for people in custody in community-based hospitals.
- Post-release: including community forensic mental health (for adults), Community Integration Team (for juveniles) and the Connections Project which supports integrating people with a drug and alcohol problem into community-based services.

Victoria

The Justice Health business unit was established in 2007 and is responsible for the planning, coordination and delivery of contracted health services across police, courts, corrections and community corrections, to ensure an integrated and coordinated approach for health services within the Department of Justice. Justice Health is overseen by a committee comprising senior representatives of the Department of Justice (Victoria Police, Courts, Corrections and Justice Health), the Department of Human Services and the Department of Health.

Primary, secondary and tertiary health and mental health services in Victoria's government-run prisons are delivered by third-party providers contracted by Justice Health. The operators of Victoria's two privately operated prisons also subcontract health services. Victoria is in the process of transitioning to a single-lead service provider for all health services delivery across police, courts, corrections and community corrections.

Queensland

The responsibility for the provision of primary health care services for prisoners in Queensland's publicly run correctional centres transitioned from Queensland Corrective Services to Queensland Health in a machinery-of-government change on 1 July 2008. The newly established Offender Health Services provides primary clinical services, with other parts of Queensland Health providing secondary and tertiary services. Mental health services are provided by the Forensic Mental Health Service, and are provided by Prison Mental Health Services in south-east Queensland. The primary clinical services to the two privately run prisons are provided directly by those prisons. The clinical services to youth detention centres, and to prisoners in police custody are provided by other parts of Queensland Health.

Western Australia

The Health Services Directorate is a part of the Offender Management and Professional Development Division of the Department of Corrective Services. It provides a comprehensive range of health care services comparable to general community standards to over 4,000 adults and juveniles at any one time. It employs approximately 200 full time equivalent (FTE) staff across Western Australia.

Services are organised around four principal areas of health care:

- Chronic Disease
- Infectious Disease
- Co-Morbidity and
- Primary Care.

There are six metropolitan and seven regional public prisons and two metropolitan juvenile detention centres in Western Australia, each of which has a Health Centre. The service uses a combination of in-house services from doctors, psychiatrists, nurses and pharmacists, supported by medical records staff, medical receptionists and medication assistants with external services from visiting general practitioners (GPs) and allied health professionals. Acacia Prison, east of Perth, is administered by a private contractor with responsibility for staffing and providing health services to its prisoners.

There are three Crisis Care Units in WA metropolitan prisons that are managed by Adult Custodial Services. The function of these is to care for prisoners who are at risk of self harm and require psychological care. Health Services clinical staff provide input into the systems at all prisons that manage at-risk prisoners.

Casuarina Prison in the southern Perth metropolitan area has an Infirmary, the role of which is now under review.

Tasmania

The Department of Health and Human Services currently supplies health services to the Department of Justice based on a memorandum of understanding. The services are provided by Correctional Primary Health Services (CPHS), including prison outpatient primary health, limited inpatient care and forensic mental health services. CPHS is part of Statewide Mental Health Services which coordinates services for Correctional Health, Forensic Community Mental Health, Wilfred Lopes Centre for Forensic Mental Health and the Tasmanian Alcohol and Drug Service.

Psychology services to behaviourally disturbed prisoners are supplied by Therapeutic Services who are part of the Tasmania Prison Service.

CPHS currently operates in six centres: Risdon Prison Complex, Mary Hutchison Women's Prison, Ron Barwick Men's Minimum Prison, Hayes Prison Farm (all of which are close to Hobart) and two reception prisons in Hobart and Launceston.

There is a large unmet need relating to drug and alcohol use in Tasmania among forensic clients.

Australian Capital Territory

The ACT Corrections Health Program provides health services to detainees at the ACT court cells, the Alexander Maconochie Centre, the Symonston Temporary Remand Centre and the Bimberi Youth Justice Centre.

The service provides primary- and secondary-level clinical services through registered nurses and sessional visiting medical officers. Mental Health ACT and the gastroenterology clinic at the Canberra Hospital provide tertiary services; imaging and pathology are predominantly provided through the Canberra Hospital, as are inpatient and outpatient services.

Pharmacy services are provided through a dedicated service at the Canberra Hospital. Allied health services are provided on a case-by-case basis, according to community levels of access.

The program has teaching and training links to the Australian National University Medical School and the University of Canberra Nursing School; additionally, the program sponsors the custodial medicine unit of the Diploma of Forensic Medicine run by the Victorian Institute of Forensic Medicine.

Northern Territory

In the Northern Territory, primary health care is provided in both adult facilities and juvenile detention centres, through a contract delivered by a third-party health-care provider and managed by the Department of Health and Families (DHF). The contract provides for:

- a culturally appropriate primary health care and emergency medical service to offenders in Darwin and Alice Springs
- overnight medical observation of offenders who do not require hospitalisation but require health care and/or monitoring
- adequate and appropriate referrals to, and liaison with, all health services, including those currently provided within the prisons, such as oral health, physiotherapy, podiatry, mental health, and any other off-site services
- routine annual adult health assessments (well-women's and well-men's screening) for offenders over the age of 15, serving sentences or on remand for a period in excess of one year
- effective brief intervention strategies for a range of issues and provision of relevant education to offenders on presenting health problems
- specific health services and programs responsive to the needs of women and juveniles
- effective multidisciplinary health management care plans for offenders with high care needs, chronic diseases and/or disabilities, in collaboration with other allied health teams within and outside the prison environment.

The principles underpinning the operation of prisoner health services in the Northern Territory are:

- Recognition that the provision of health care, while it is the responsibility of DHF cannot be achieved without a collaborative approach with the Department of Justice (DoJ).
- Intersectoral and intrasectoral collaboration and cooperation occurs to ensure that the health needs of the offender population are met.
- There is effective cooperation between the DHF and the DoJ, consistent with the government's expectation of a 'whole of government' approach.
- The parties share information promptly and openly through a formalised process.
- The health needs of offenders are effectively monitored and managed. This includes monitoring and managing the potential risks to the health of offenders.

1.3 Key policy directions

Commonwealth

One of the key Australian Government strategies set in 2008 was 'closing the gap on Indigenous disadvantage'. This strategy has six targets, including closing the life expectancy gap (estimated to be around 10–12 years) within a generation, and halving the gap in mortality rates for Indigenous children under 5 within a decade (currently 3 times higher than for non-Indigenous children). The Australian Government is working with its state and territory counterparts through the National Partnership on Indigenous Health Outcomes to address these targets. Given the high proportion of Indigenous prisoners, this policy objective has relevance for prisoner health and health services.

Because of the high number of Indigenous Australians in prisons, the health of prisoners has also been a key strategic area for development in the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data (NAGATSIHID) 2005–2008 strategic plan. It will continue to be a key priority area in future plans.

Another strategy directly relevant to prisoner health is the National Mental Health Strategy. This is a commitment by the Australian Government, state and territory governments to improve the lives of people with a mental illness. The National Mental Health Policy 2008 aims to ensure 'that Australia has a mental health system that detects and intervenes early in illness, promotes recovery, and ensures that all Australians with a mental illness have access to effective and appropriate treatment' (APO 2009).

New South Wales

Key policy directions relating to prisoner health care in New South Wales include:

- identifying the health-care needs of the client group
- providing high-quality clinically appropriate services, informed by best practice and applied research
- making health care part of the rehabilitative endeavour
- facilitating continuity of care to the community
- developing an organisational culture that supports service delivery
- promoting fair access to health services
- providing strong corporate and clinical governance.

Victoria

Key current priorities relating to prisoner health care in Victoria include:

- managing the transition to a single lead service provider to manage health services across the justice system to create and ensure a streamlined, coordinated and integrated health service model
- implementation of an electronic health records system within the justice system to improve health information management
- developing a framework for meeting the needs of prisoners with mental health issues, intellectual disability or other cognitive impairment

- implementing aspects of the Victorian Government's Mental Health Reform Strategy 2009–2019 that relate to the mental health issues facing Victorian prisoners.

Queensland

Since the transition in responsibility for the provision of health services from Queensland Corrective Services to Queensland Health on 1 July 2008, the direction of Offender Health Services has followed the Queensland Health Strategic Plan and is focused on initiatives in the following four areas:

- improving access to safe and sustainable offender health services
- better meeting offenders' needs across the health continuum
- enhancing organisational work processes and systems to support service delivery and business effectiveness
- developing staff in a way that recognises and supports their role in the delivery of health services.

Western Australia

Four priority areas have been identified in the Western Australian Health Services Business Plan:

- Improve the Health of Prisoners by Providing Evidence Based Health Care

  Health care provision is organised around Chronic Disease Management, Infectious Disease Management, Co-Morbidity Services and Primary Care. Time in custody is used as an opportunity to improve the health of prisoners. Throughcare planning will improve the long term health prospects of patients who have been in custody.

- Partnerships

  Health Services participates in formal and informal partnerships with key stakeholders and collaborates in the delivery of consistent best practice care. Our partnerships promote successful reintegration into the community.

- Positioning

  Active promotion within the Department of Corrective Services and with external agencies and stakeholders to heighten awareness that improved health is recognised as a major contributor to achieving justice outcomes.

- People

  The key to achieving the aims of the Department of Corrective Services Justice Health Plan Strategic Directions 2005-2010 will be through the continued personal and professional development of Health Services staff. High priority will be given to ensure the recruitment and retention strategies are focused on a competency based training and development framework.

Tasmania

Tasmania's key policy directions focus on the following five areas:

- provision of improved drug and alcohol services to forensic clients
- provision of improved hepatitis C virus/hepatitis B virus treatment services to prisoners

- improved linkages with Corrections—a health promoting prison
- further development of the electronic database
- workforce enhancement—education, training and professionalism.

Australian Capital Territory

Key policy directions relating to prisoner health care in the Australian Capital Territory include:

- developing primary care provision for detainee health care
- developing the pharmacy services, including pharmacist-led clinics
- expanding access to hepatitis treatment
- applying human rights principles to health care for detainees
- strengthening links to academic institutions—Australian National University Medical School and University of Canberra School of Pharmacy and School of Nursing
- commissioning of a secure forensic mental health facility
- integrating services with the police watch-house.

Northern Territory

Key policy directions relating to prisoner health care in the Northern Territory include:

- DHF and DoJ take a population approach to identify areas where intervention will make a contribution to improve the health of a population.
- An aggregate population may be a specific population and a population approach involves assessing a population to identify opportunities to improve the overall health status and participation of that population.
- Working to improve the health of a population means connecting all areas of service delivery, (Public Health Services, Corrections Health, Prisoner Services, Community Corrections, Mental Health and Disability Support Services etc) to respond as a whole system to changes in priorities or new evidence.
- The health sector has explicit responsibilities under legislation to deal with public health and prevention issues on a 'whole population' basis because of the impact on the wider population, even if a relatively small group is affected.
- At times DoJ might have responsibilities either under its primary health obligations or its own strategic goals, such as 'safe, secure and humane containment', to deliver preventative services.

1.4 National Prisoner Health Census methodology

Most data within this report are sourced from the National Prisoner Health Census (the Census), which was conducted during the week 29 June to 5 July 2009 in all states and territories apart from Victoria, which undertook the Census during the week 5–11 October 2009 due to delays in obtaining ethical clearance. Tasmania and Northern Territory only completed part of the Census.

The denominator for the indicators sourced from the clinic and medications data is the total number of prisoners in custody on 30 June 2009 (within the prisons included in the Census).

These data were sourced from the ABS's *Prisoners in Australia 2009* (ABS 2009b). The Census dates were chosen to include 30 June 2009 to ensure than this denominator was as accurate as possible.

Correctional centres

The Census collected information from 87 public and private prisons throughout Australia. Although all prisons were in scope, in some jurisdictions resource limitations prevented their participation. Participation varied among jurisdictions, depending upon the availability of data and resources to participate (see Appendix 4 and Table 1.1). In Victoria, 5 of the 14 prisons did not participate in this Census, and in South Australia one prison did not participate.

In contrast to the ABS's *Prisoners in Australia* report, periodic detention centres and court cells were excluded, as were juvenile detention centres, immigration detention centres and secure psychiatric facilities.

Prisoners

Prisoners were defined as adults aged 18 years or over held in custody, whose confinement is the responsibility of a corrective services agency. This definition includes sentenced prisoners and prisoners held in custody awaiting trial or sentencing—that is, remandees. Juvenile offenders, persons in psychiatric custody, police cell detainees, asylum seekers or Australians held in overseas prisons were not included (AIHW 2006).

Health service contact

During the census week, prison entrants, prisoners in custody using the prison clinic and prisoners on prescribed medication were invited to participate in the Census. A prison clinic visit was defined as any face-to-face consultation for which an entry was made in the health service record. This excluded routine household-type treatment such as band-aids or paracetamol. Similarly, data were captured on all prescribed medications administered on one day during the census week. Depot medications (injected so absorption occurs over a prolonged period) were included, whether or not they were administered on the census day, while routine household-type medications taken on an as-needed basis were not included.

Census forms

Following the development of the indicators, draft survey forms for collecting this information were field tested in 2008 in four prisons in the Australian Capital Territory, Western Australia and South Australia. Following the field test, appropriate revisions were made to the census forms and guidelines.

The forms for the 2009 Census are shown at Appendix 5. These consist of:

- **prison entrants form**—completed for all prisoners entering prison in the census week. Included questions relating to demographics of the prison entrant, mental health, chronic diseases, substance and alcohol use, use of health services and pregnancy.
- **clinic form**—completed for all prisoners in custody using the prison clinic during the census week. Included questions regarding demographics of the prisoner, who initiated the visit, problem managed at the clinic and who the prisoner was seen by.

- **repeat medications form**—completed for all prisoners in custody who were administered repeat medications on a designated day of the census week. Included questions regarding prisoner demographics and repeat medications administered.
- **prison establishments form**—completed once for each prison. Included questions regarding whether health services are provided by Aboriginal community controlled health organisations or Aboriginal medical services, discharge planning, immunisation, FTE staff members, hospital transfers and prison entrants into the facility.

The Census was conducted using a combination of paper forms and electronic data, with jurisdictions given the choice of the data collection method (Table 1.1).

Table 1.1: Jurisdiction participation in the Census, by category, 2009

	Number of prisons	Establishments	Entrants	Clinic	Medications
NSW	34	√ (paper)	√ (paper)	√ (electronic)	√ (electronic)
Vic	9	√ (paper)	√ (paper)	√ (paper)	×
Qld	13	√ (paper)	√ (paper)	√ (paper)	√ (paper)
WA	14	√ (paper)	√ (electronic)	√ (paper)	√ (electronic)
SA	8	√ (paper)	√ (paper)	√ (paper)	√ (paper)
Tas	6	×	×	√ (electronic)	√ (electronic)
ACT	1	√ (paper)	√ (paper)	√ (paper)	√ (paper)
NT	2	√ (paper)	×	×	×

Source: National Prisoner Health Census 2009.

Supplementary electronic data

Jurisdictions were also asked to complete a supplementary aggregate data request to determine deaths in custody, prisoners on treatment for hepatitis C, prisoners on opioid pharmacotherapy treatment, notifications of notifiable diseases, and receptions and releases from prison during the 2007–08 financial year.

Ethics

Ethical clearance for this project was obtained by the AIHW's Ethics Committee. Each jurisdiction was then responsible for ensuring that, where required, ethics approval was gained from the relevant jurisdictional ethics committee(s).

Jurisdictional comparisons, community comparison and international comparison

This first national report does not include data on individual jurisdictions due to the varied levels of participation among jurisdictions, the small numbers for some indicators and the variable quality of some of the data collected at the jurisdiction level for some indicators. It is anticipated that jurisdictional-level data will be included in future reports.

Where possible, comparisons with the general Australian population and with prisoner health data from state, national and international surveys have been presented. Comparisons were made with appropriate age groups where data were available. The data sources used for these comparisons as well as for additional supplementary information for the report are provided in Appendix 2.

1.5 Report structure

This report consists of eight chapters.

Chapter 2 includes some statistics about prisoners in Australia and an overview of the participants in the National Prisoner Health Census. It also contains some information on the prison environment.

Chapters 3, 4 and 5 address each of the indicators of the health of Australia's prisoners:

- Chapter 3 focuses on prisoners' health conditions at reception, including mental health, communicable diseases, chronic conditions and women's health.
- Chapter 4 relates to deaths including deaths in custody and post-release deaths.
- Chapter 5 focuses on health behaviours, including smoking, alcohol and illicit drug use and condom use. It also covers the use of health services in prison and the community before entering prison.
- Chapter 6 relates to prison health services including visits from Aboriginal medical services or Aboriginal community controlled health services, referral of prison entrants to mental health services, identification of suicide or self-harm risk, transfers to community hospitals, availability of immunisations, discharge planning, medication and prison clinic use, and health staff-to-prisoner ratios.

For each area, relevant indicators are disaggregated (where possible) by sex, age and Indigenous status.

Chapter 7 provides comparisons between the prisoner population and the general Australian population, as well as with prisoners in other countries, where data are available.

Chapter 8 discusses gaps in the currently available data and future directions for this collection.

The report concludes with five appendixes on:

- the indicators included in this report
- external data sources
- prisoner health legislation in Australia
- prisons in Australia
- prisoner health census forms.

2

Overview