

# State of our health

Bitesize report: South Australian prisons

05 June 2018

Health Performance Council



Government  
of South Australia

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Views and opinions expressed in this document may not necessarily reflect those of its authors or of the Health Performance Council, SA Health or the Government of South Australia.

## Our point of view

The Health Performance Council is South Australia's only external review body for monitoring the performance of the various health systems in the state. Our remit is broad, and the law expressly calls on us to look not just at the population as a whole but to investigate and comment on health inequalities that exist between and within particular population groups<sup>1</sup>.

People in prisons experience significant health inequalities, often come from already marginalised populations, and as a group experience a higher burden of chronic illness, mental illness and substance misuse than society at large. Aboriginal people in South Australia are imprisoned at ten times the rate of non-Aboriginal people. The Health Performance Council is committed to supporting the South Australian Government to improve the health of Aboriginal people because, as we reported in 2017, the outlook for the health of Aboriginal people in South Australia remains poor<sup>2</sup>.

We note that it is a principle of SA Health policy that prisoners 'be treated with the same dignity, respect and courtesy as any other patient'<sup>3</sup> and it is a widespread tenet of public policy advice<sup>4</sup> that there should be no lesser quality of health care for people in prison than for any other group in society. But there is an inherent healthcare disadvantage by means of loss of personal agency and, indeed, loss of access for the most part to Medicare and the Pharmaceutical Benefits scheme<sup>5</sup>.

A report into prison health is not just about a particular population group. It is recognised that the provision of good healthcare for people in prison has much broader implications to society as a whole in reducing population health risks: as the World Health Organization has said, 'Prison health is public health'<sup>6</sup>.

It does not appear that any state government service is collecting enough or good enough data to monitor achievements, health outcomes or whether services are achieving value for money. We acknowledge that our methods in compiling this report are limited by not having sight of any unpublished data collections that might shed more light on the performance of prison health services. This report raises questions as to what evidence exists about whether stated policy objectives are in practice being achieved or are even able to be evaluated.

No sentence of any court in our state provides for the removal of a prisoner's capacity for health. A serious intent to accomplish a policy's goals requires that data be collected, monitored and exposed to public scrutiny. Without there being adequate data collections, government services cannot know where they are starting from, where they need to improve, or how realistic it is for them to meet their stated policy objectives.

A lack of data is our sorry story to tell.

## Introduction

The Health Performance Council (HPC) is South Australia's expert health system monitoring and evaluation body, providing advice to the Minister for Health about the operation and effectiveness of the state's health systems.

HPC's functions include providing advice to the Minister about health outcomes, not only for South Australians as a whole but also for particular population groups.

Recognising that people in prison may be considered vulnerable and marginalised, HPC has produced this report to take a brief look at some of the systemic issues affecting the health of people in prisons and how this might be

affecting their health outcomes compared to the rest of the population. We have looked at the adult prison system in this report, although we recognise that the youth justice system could warrant particular investigation also.

Prison health services in Australia are provided by each state and territory's government<sup>7</sup>. There are some additional sources of provision such as the entitlement in some cases to separately funded health care services from the Department for Veterans' Affairs<sup>8</sup>. As a result, it is not always possible or meaningful to make comparisons between jurisdictions when analysing the prison health system.

## South Australia's prisoners

### Demographics

South Australia had nearly 3,000 adult prisoners<sup>i</sup> at the end of June 2016<sup>[9,10]</sup>. With 219 prisoners for every 100,000 of the adult population, this was broadly similar to crude<sup>ii</sup> imprisonment rates for other states and territories except for the Northern Territory.

### Prisoners in adult custody per 100,000 adult population, by state/territory, at 30 June 2016

Source: 9



Aboriginal people are considerably over-represented in prisons compared to the population at large. Even after adjusting for the differences in age profiles, Aboriginal people in South Australia are in prison at ten times the rate of non-Aboriginal people (age-adjusted imprisonment rates per 100,000 adults: 2,008 Aboriginal; 204 non-Aboriginal).

As elsewhere in Australia, the large majority of the state's prisoners are male: at nearly 15 male prisoners to every female prisoner, South Australia has a bigger prisoner gender imbalance than any other of the states and territories (lowest: Tasmania at 8 males to every one female; Australia overall: 12).

Female prisoners have accounted for much of the growth in prison populations in Australia, but this has largely not been so in South Australia: over a decade, the imprisonment rate<sup>iii</sup> for male

<sup>i</sup> Prisoners in adult custody are generally aged 18 or over (17 or over in Queensland)

<sup>ii</sup> Crude rates are not adjusted for differences in population characteristics such as age and gender.

<sup>iii</sup> Number of prisoners in adult custody at 30 June per 100,000 estimated adult population at 31 March.

prisoners in the state grew slightly faster than that for female prisoners (68%, compared to 65%), a sharp contrast to the picture in Australia overall which has seen the female imprisonment rate grow at 43% in a decade, nearly twice as high as the 26% growth in the male imprisonment rate<sup>iv,11</sup>. No prisoners are identified in the national data as being otherwise than male or female.

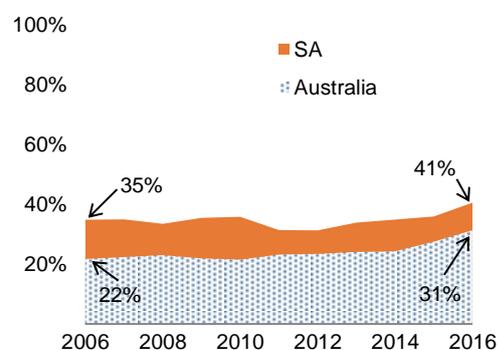
Point-in-time snapshots of prison populations disclose information on necessary health service provision levels, but they can hide broader health needs disparities of those who experience imprisonment. In one year, the equivalent of about half of South Australia's snapshot male prison population enters prison whilst about four times the snapshot female prison population enters prison<sup>12</sup>. This is consistent with a greater turnover of female prisoners who are serving, on average, shorter sentences, and hence indicates the differing needs for preventative health care and of health care continuity planning.

### Status

Some two out of every five people in prison in South Australia (41%) are on remand awaiting trial, sentence or deportation. This fraction sits a little higher than the 31% across Australia<sup>13</sup>. Statistics shows that, consistently for a decade, there have been proportionally more remand prisoners in South Australian prisons than nationally, although there could be legal and definitional reasons for the differences which are beyond the scope of this report.

### Fraction of prisoners who are on remand, at 30 June in each year

Source: 13



<sup>iv</sup> 30 June 2016 compared to 30 June 2006

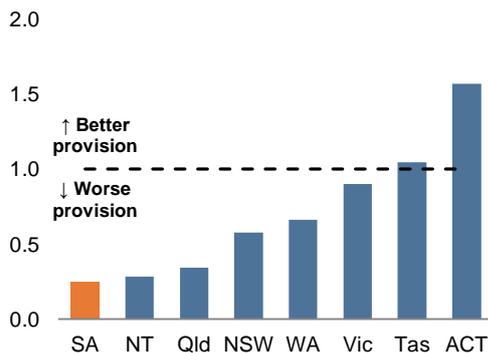
## Performance

### Access to health workforce

It is difficult to determine whether and to what extent prisoners have a different provision of specialist medical staff than the general population. The SA Prison Health Service, part of Central Adelaide Local Health Network, provides primary healthcare to the state's prisoners<sup>14</sup>, but prisoners may also access services elsewhere. In 2016, South Australia had just 130 medical practitioners<sup>v</sup> per 100,000 adult prisoners compared to 530 per 100,000 non-prisoner adults<sup>15,16,17</sup>, the lowest ratio of any of the states.

#### Medical practitioners, full-time-equivalent per adult in correctional settings compared to elsewhere, 2016

Source: 15, 16, 17. Ratio above 1 means more staff per prisoner than staff per non-prisoner; below 1 means more staff per non-prisoner than per prisoner.



**Data gap** We have found no published data to report on the extent to which prisoners in South Australia have attended primary care consultations or how this compares to the population at large.

Although only circumstantial evidence, public hospital activity data for 2015–16 suggests that prisoners might not have the same level of access to public hospital inpatient services as the rest of the population: adult prisoners averaged only 0.23 hospitalisations per person, significantly lower than the 0.29 per person observed for all adults in South Australia<sup>18,19,20</sup>, however, this is only circumstantial evidence and it is not necessarily the case that this difference is on account of differing levels of access to services.

<sup>v</sup> Staff numbers are full-time equivalent.

**Data gap** We have found no published data to report on whether and to what extent waiting times for medical consultations vary between prisoners and the population at large in South Australia.

**Data gap** We have found no published data to report on the extent to which Aboriginal prisoners in South Australia have been able to receive treatment in culturally appropriate environments, or how this compares with the Aboriginal population at large.

**Data gap** We have found no published data to report on numbers of Aboriginal health workers in prisons.

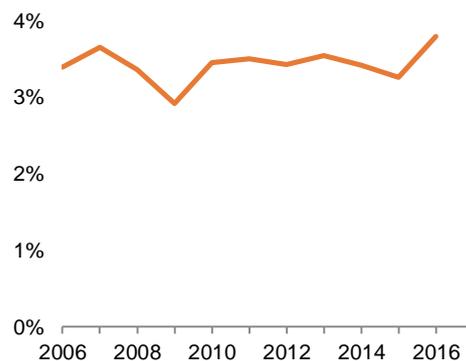
We know that Aboriginal people in aggregate have a different health profile from that of the non-Aboriginal population, with shorter lifespans and poorer measures across many (but not all) health determinants and chronic conditions<sup>21</sup>.

### Corrections workforce diversity

The one in five (19.4%) of South Australia's prison population who are identified as Aboriginal<sup>22</sup> is a much higher fraction than the 2.5% of the state's population overall<sup>23</sup>. However, the disproportionate presence of Aboriginal prisoners is not reflected in the prison service's workforce.

#### Aboriginal employees in Department for Correctional Services, at 30 June, 2006–2016

Source: 24



By the end of 2015–16, Aboriginal people made up 3.8% of the employees at South Australia's Department for Correctional Services<sup>24</sup>. Although this is notably higher than the 2% target for the whole of the public sector under South Australia's Strategic plan<sup>25</sup>, it has been more or less static for at least a decade and

remains unrepresentatively well below the 19% of the state's prisoners.

## Workforce capability

The extent to which prisoners experience mental illness (q.v., *Mental health* section on page 7) indicates the necessity for competence in prison officers in attending to the health needs of such prisoners.

**Data gap** We have found no published data to report on the extent to which prison officers in South Australia have received specific mental health literacy or other mental health support training.

Given the representation of Aboriginal people in the state's prisons, it is of note that the Department for Correctional Services has stated that it has implemented Aboriginal Cultural Awareness training for its staff<sup>26</sup>, although the extent to which this has been achieved has not been detailed.

**Data gap** We have found no published data to report on the extent to which prison officers in South Australia have received Aboriginal cultural awareness training.

## Health issues and outcomes

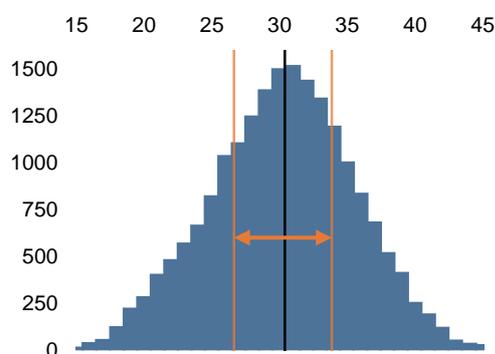
### Perinatal health

About two in five of South Australia's female prisoners are between 25–34 years old<sup>27</sup>, almost exactly aligned with the predominant childbearing years of the state's female population: half of South Australian babies are born to women aged between around 26–34 and the average age of giving birth is 30 years old<sup>28</sup>.

### Births, by age of mother, South Australia, 2016

Showing approximate median age and inter-quartile range (half of births were to mothers in this age band)

Source: 28



Because of the alignment of peak incarceration and childbearing years, there is a clear need for appropriate provision of care for pregnant prisoners, for those who have recently given birth, and for their babies. We have found little in the way of systematic reporting to allow us to monitor or evaluate whether this is provided.

It seems broadly accepted that it is beneficial for new mothers to be able to co-reside with their infants in prison nurseries, not least in the interests of the children<sup>29</sup>. There is scant evidence that prison nurseries provide any benefits to maternal health<sup>30</sup>. However, it might be that some developmental outcomes of children of incarcerated mothers are better served by being able to co-reside in their first 18 months<sup>31</sup>. It is a strategic aim of the Department for Correctional Service's action plan for women offenders to 'increase and support women's access to their children'<sup>32</sup>.

**Data gap** We have found no published data to report on the extent to which South Australian prisoners are able to reside with their infants during incarceration.

United Nations standards provide that 'restraint[s] shall never be used on women during labour [or] childbirth'<sup>33</sup> and, in reporting on complaints about excessive restraint of prisoners in hospital, South Australia's Ombudsman has recommended that '[p]regnant women should never be restrained during labour'<sup>34</sup>.

**Data gap** We have found no published data to report on the extent to which South Australian

prisoners are restrained (in shackles or otherwise) during childbirth.

Pregnant women have particular nutritional needs for healthy pregnancy outcomes, such as folic acid supplements and adequate intake of omega-3 fatty acids, the provision of which is challenging in the nutritionally controlled environment of prison<sup>35</sup>. Infant morbidity and health indicators could also be associated with mothers being incarcerated; for instance, some studies have found that infants whose mothers have been in jail have lower birthweights<sup>36</sup>.

**Data gap** We have found no published data to report on the extent to which pregnant South Australian prisoners are able to eat a diet which meets the particular nutritional needs of pregnancy or as to whether there are morbidity differences (for instance as to birthweight) between babies born to incarcerated mothers and others.

### Preventative women’s health

The national cervical screening program monitors take-up of cervical screening (a ‘pap test’ at least once every two years) for eligible women, essentially being those aged 20–69 not having had a hysterectomy<sup>37</sup>. Almost all South Australia’s female prisoners are in this age range<sup>vi,38</sup>. In the general population, over half (56%) of women participated in the program. Nationally, it is estimated that the rate was similar for entrants to prison but too few women were surveyed for meaningful monitoring of the South Australian specific rate<sup>39</sup>. There is also no published data that we have found to identify to what extent women who become due for a ‘pap test’ in prison are able to access a screening service.

**Data gap** We have found insufficient published data to report on the extent to which South Australian prisoners are appropriately receiving cervical cancer screening.

### Mental health

About two in five (38%) entrants to South Australia’s prisons have ever been told that they have a mental health disorder<sup>40</sup>, markedly higher than the 21% estimate for all adults in the

<sup>vi</sup> Exact proportion not known as published data has been perturbed to protect.

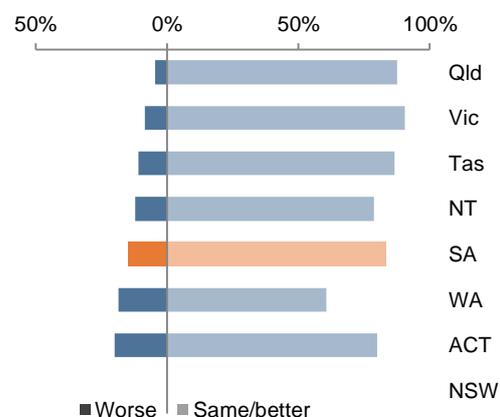
state<sup>41</sup>. There is a particular concern for Aboriginal prisoners, and although these figures are not validly comparable with the 38% estimate above, some Queensland-based research has estimated 86% of female and 73% of male Aboriginal prisoners to be living with common mental illnesses<sup>vii,42</sup>.

**Data gap** We have found no published data to report on current prevalence of common mental illnesses among South Australian prisoners.

Prison may have a negative effect on some prisoners’ mental health. A national survey has suggested that about one in seven prisoners discharged in South Australia self-report their mental health and wellbeing as having gotten worse during their time in prison<sup>43</sup>, one of the worst of the states across the country, although the small numbers in the short survey provide for little ability to draw much in the way of conclusion from this.

### Prison discharges, change in mental health and wellbeing while in prison, 2015

Source: 43. Figures based on self-report from a very small sample survey. No data for New South Wales.



Studies show that prisoners are at increased risk of suicide. Per-state figures may not be viable, but nationally it has been estimated that there are around 68 suicide deaths per 100,000 prisoners annually, six times as high as the 11 per 100,000 in the general community<sup>44</sup>.

**Data gap** We have found no published data to report on numbers of self-inflicted deaths in

<sup>vii</sup> Common anxiety, depressive, psychotic or substance use disorders.

custody, self-harm incidents<sup>viii</sup> or prevalence of suicidal ideation.

### Communicable infections

The prevalence of some common bloodborne viruses is higher in prisons than in the general population. Nationally, about 16% of prison entrants are estimated to be living with Hepatitis B and 22% with Hepatitis C<sup>[45]</sup>, well above the rates in the general population of well under 1%<sup>[ix,46]</sup>. Furthermore, the prevalence of Hepatitis B for Aboriginal prison entrants was 32%, much higher than the 8% for non-Aboriginal entrants.

**Data gap** There are thrice-yearly prison bloodborne virus surveys conducted by the Kirby Institute (UNSW Sydney) but these are too small to allow for meaningful South Australian specific or inter-state comparisons of bloodborne virus prevalence in prisoners.

### Substance use

Smoking of tobacco is prohibited in many areas in South Australia, including workplaces and enclosed public spaces<sup>47</sup>, although it remains lawful in correctional facilities. Noting the success of smoke-free prisons in Queensland, a Parliamentary Select Committee recommended that ‘smoking be banned across all South Australian prisons by 1 July 2019’<sup>48</sup>. The Adelaide Remand Centre became smoke-free in March 2016<sup>[49]</sup> but smoking remains widespread elsewhere in the system.

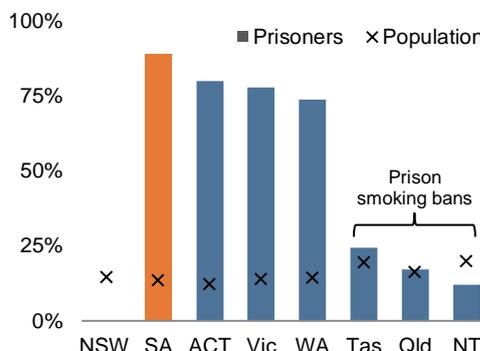
Survey data for 2015 shows that Tasmania, Queensland and Northern Territory – where smoking was banned in prisons – each had smoking prevalence rates<sup>50</sup> amongst discharged prisoners similar to that in the broader adult population<sup>51</sup> and substantially lower than in the other states. South Australia, one of the states without a prison smoking ban, fared among the worst with some 89% of discharged prisoners estimated to be current smokers.

<sup>viii</sup> Limited survey data is published by AIHW on numbers of prison dischargees who report having self-harmed while in prison.

<sup>ix</sup> Diseases notified to government at rates (per head of population) of 0.03% for Hepatitis B and 0.05% for Hepatitis C. Rates not strictly comparable to prevalence in prison entrants which are based on survey of actual prevalence by blood samples.

### Smoking rates for prison dischargees compared to general adult population, 2015

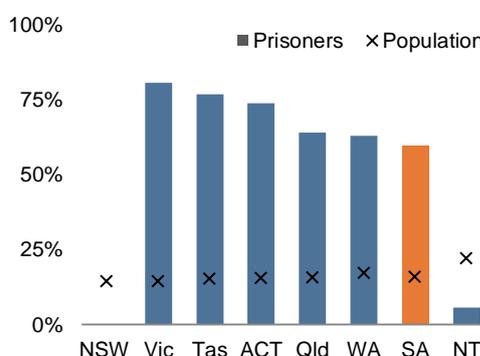
Sources: 50, 51. Prisoner figures based on self-report from a very small sample survey; no data for New South Wales. Population and prisoner smoking rate comparisons indicative only.



Many prisoners enter incarceration as current users of prohibited narcotic or psychotropic substances. Based on a small national survey, it is estimated that two-thirds of prison entrants have engaged in illicit drug use in the year prior to incarceration<sup>52</sup>, and although South Australia is estimated to have one of the lowest rates at 60%, this is very much higher than the prevalence of illicit drug use in the state’s adult population broadly (about 16%<sup>[53]</sup>, albeit that this is not strictly comparable to the prison entrant rate). A statewide comparison is not available, but nationally Aboriginal prison entrants did not fare worse on this score than non-Aboriginal entrants.

### Illicit drug use by prison entrants compared to general adult population, in previous 12 months, 2015

Sources: 52, 53. Prisoner figures based on self-report from a very small sample survey; no data for New South Wales. Population and prisoner drug use rate comparisons indicative only.



## Continuity of care

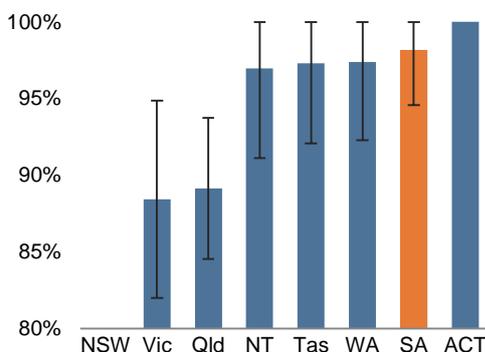
### Health assessment on entry

South Australia's Department for Correctional Services asserts that '[e]very prisoner is comprehensively assessed upon admission with care plans [...] put in place to manage [...] health care needs'. Evidence from a small sample survey in 2015 corroborates this claim, with almost everyone entering prison in South Australia declaring that they received a health assessment at entry<sup>54</sup>. This compares favourably with some of the eastern states which have rates in the region of 90%. However, the small numbers in the source survey mean that, even on the assumption that the sample was truly representative of all prisoners, there are quite wide margins for error making it difficult to monitor this issue accurately or to make proper inter-state comparison.

#### Prisoners receiving a health assessment on entry to prison, by state/territory, 2015

*Rates and indicative error margins. Based on a survey of people discharged from prison.*

*Source: 54. Data not available for NSW.*



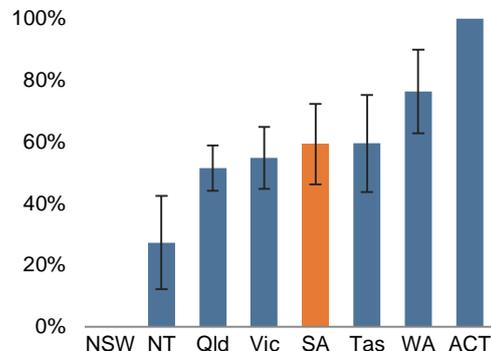
### Discharge health plans

It is estimated that about three in five prisoners (59%) discharged in South Australia have a plan in place to continue their healthcare<sup>55</sup>. This is broadly similar to the situation in other states, but data is very limited and, in consequence, of low accuracy. It would be useful for monitoring in this regard for there to be a routine publication of more comprehensive statistics on how many current prisoners have a plan in place for continuity of their healthcare needs upon their discharge.

#### Prisoners discharged with a plan to continue healthcare, by state/territory, 2015

*Rates and indicative error margins. Based on a survey of people discharged from prison.*

*Source: 55. Data not available for NSW.*



### Find out more

This report is just a very brief snapshot of the evidence we have been able to gather. We hope and intend that, by publishing this report, others will be inspired to undertake a more detailed and robust study and hence to influence the creation of policies that will improve system performance and health outcomes for the state's prisoners. In the meantime, we appreciate any feedback from readers: please email [healthhealthperformancecouncil@sa.gov.au](mailto:healthhealthperformancecouncil@sa.gov.au) with your thoughts.

### Notes

We conceived this report as a short collation of existing, mostly quantitative, data, with a small amount of interpretative commentary. It has not been possible to populate as many indicators as we would have liked owing to a paucity of published data collections. We also have chosen to prioritise early publication of a more limited, but useful, report over later but less useful release of a more in-depth study. Nonetheless, we hope that more data will become available in the future and we intend that we will in time incorporate appropriate indicators into our ongoing general health omnibus report, *State of our health*. An authoritative source of intelligence on health status and outcomes in South Australia, *State of our health's* exposure of trends in health outcomes helps us in our mission to advise the Minister for Health on the performance of the health system. Find out

more: [https://www.hpcs.com.au/state\\_of\\_our\\_health](https://www.hpcs.com.au/state_of_our_health).

As a product of a rapid development methodology, this report uses only publicly available data; where data may be captured but has not been publicly surfaced, it has been treated as unavailable for producing this report. We encourage custodians of administrative data to enable better secondary statistical use of their data by making routine publication of aggregate summary statistics. We regret that we might not have located all available sources of data for this report.

The Health Performance Council recognises Aboriginal and Torres Strait Islander people as two separate groups. However, within this document we refer to Aboriginal people in recognition that Aboriginal people are the original inhabitants of South Australia. We also acknowledge the complexity and diversity of the Aboriginal communities of South Australia, recognising each has its own beliefs and practice.

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- <sup>16</sup> Based on Australian Bureau of Statistics data, 2018. 'Population by Age and Sex Tables', *Australian Demographic Statistics, Sep 2017*, cat. no. 3101.0
- <sup>17</sup> Based on Australian Bureau of Statistics data, 2016. 'Prisoner characteristics, States and territories (Tables 13 to 34)', *Prisoners in Australia, 2016*, cat. no. 4517.0
- <sup>18</sup> Derived from SA Health data, 2018, bespoke extract of hospital activity data. Analysis based on usual place of residence (which might not be the same as current type of residence) recorded in public hospital separations data for adult patients (18+); records where usual residence unknown have been excluded from analysis.
- <sup>19</sup> Based on Australian Bureau of Statistics data, 2018. 'Population by Age and Sex Tables', *Australian Demographic Statistics, Sep 2017*, cat. no. 3101.0
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