

15 May 2024

Craig Ritchie

Consultant for National review of first nations health care in prisons

Email: craig@ngarragroup.com

Dear Mr Ritchie

RE: National Review of First Nations Health Care in Prisons

Noting that a number of AMSANT's members were recently invited to attend a round table relating to a National Review of First Nations Health Care in Prison, as the peak body for Aboriginal Community-Controlled Health Services (ACCHS) in the Northern Territory (NT), AMSANT would like to highlight several key points for consideration for this National Review that we understand you have been tasked to undertake.

Aboriginal and Torres Strait Islander people are vastly over-represented in all systems of incarceration in Australiaⁱ. As at 30 June 2023, Aboriginal and Torres Strait Islander prisoners accounted for 33% of all prisoners; 78% had experienced prior adult imprisonmentⁱⁱ. Aboriginal people in prison have been found to have the highest rate of complex needs, including chronic health conditions, mental health issues, and substance abuse issuesⁱⁱⁱ. Providing health care that addresses the social and emotional wellbeing (SEWB), trauma and alcohol and other drug-related issues (AOD) for Aboriginal people in prison is crucial if we are to reduce the risk of reoffending and, in turn, reduce the unacceptably high rate of imprisonment of Aboriginal people in Australia. In one study, Aboriginal people reported seeking access to more health services while in prison than in the community, which highlights an opportunity for better and more culturally appropriate healthcare while incarcerated^{iv}.

One of the recommendations made by the Royal Commission into Aboriginal Deaths in Custody Report^v in 1991 included additional funding to provide better health services for Aboriginal and Torres Strait Islander people in prison. Since the Royal Commission, however, there have been few funding schemes to support ACCHSs to work in or with prisons. Additionally, ACCHSs rely on fee-for-service income via payments from Medicare; however, prisoners do not have access to Medicare, which effectively locks ACCHSs out of delivering health care in prisons. A change has repeatedly been sought but has not occurred.

Systemic issues such as lack of culturally competent healthcare providers, and institutional racism also continue to pose challenges to providing equitable healthcare for Aboriginal prisoners.

AMSANT strongly advocates:

1. that health care to Aboriginal people in prisons should be provided by ACCHSs, who are skilled in providing Aboriginal-led, trauma-informed and culturally safe services. In addition, having ACCHSs providing health care in prisons enables continuity of care from custodial to community settings e.g. care plans, follow-ups, etc.
2. that ACCHSs should be fully resourced to provide this health care to Aboriginal people in prisons. This is in line with Priority Reform Two of the National Agreement on Closing the Gap, which sets the target for building the community-controlled sector to deliver high quality services to meet the needs of Aboriginal and Torres Strait Islander people.
3. that there needs to be a shift away from arguing about who should pay for health care for Aboriginal people in prisons (noting the complex health needs of Aboriginal people) by:
 - a. Opening up access to Medicare Billing in prisons, at least for ACCHSs providing health care to Aboriginal people.
 - b. Enabling access to the PBS for primary health care delivered in prisons, at least for ACCHSs providing health care to Aboriginal people.
 - c. Providing block funding to ACCHSs to provide a full range of comprehensive primary health care services in prisons, including SEWB, AOD, mental health, health promotion, case management of chronic diseases, and disability support (recognising that proper comprehensive services cannot be funded by Medicare alone).
 - d. Ensuring access to NDIS assessment services in prisons, noting the high rates of disability in prisons, and ensuring that inmates who are eligible for NDIS packages are linked in to appropriate packages on release.

There is a dire need to increase access to culturally appropriate healthcare services, provide mental health support, and address the social determinants of health that contribute to the overrepresentation of Aboriginal people in the criminal justice system.

Thank you for considering these key points. I look forward to hearing of outcomes from the National Review of First Nations health care in prisons.

Kind regards,



John Paterson
Chief Executive Officer

ⁱ <https://aida.org.au/app/uploads/2022/09/FINAL-Incarceration-paper-on-25yr-header.pdf>

ⁱⁱ <https://www.abs.gov.au/statistics/people/crime-and-justice/prisoners-australia/latest-release#:~:text=After%20accounting%20for%20population%20growth,for%2033%25%20of%20all%20prisoners>

ⁱⁱⁱ <https://aida.org.au/app/uploads/2022/09/FINAL-Incarceration-paper-on-25yr-header.pdf>

^{iv} <https://aida.org.au/app/uploads/2022/09/FINAL-Incarceration-paper-on-25yr-header.pdf>

^v Australia. Royal Commission into Aboriginal Deaths in Custody & Johnston, Elliott. 1991, *National report* Australian Govt. Pub. Service, Canberra.