

Demystifying
Forensic Mental Health
Symposium

17-19 March 2008
Novotel Brighton Beach
Sydney

Justice Health would like to acknowledge the following organisations for their generous support of this symposium:

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Front cover: Artist impression of the new Justice Health Forensic Hospital due to open in 2008 (see page 13 for more details).

Justice Health

Demystifying Forensic Mental Health Symposium

Agenda: 17 March – Current Mental Health Service Delivery and Research

Chair: Ms Cathrine Lynch, Director Adolescent Health, Justice Health

8.30 *Tea/Coffee*

Introduction and Opening Remarks

- 9.00 Welcome to country
- 9.10 Introduction – Mr Neil Wykes, A/Chair, Justice Health Board
- 9.20 Hon Paul Lynch, Minister Assisting the Minister for Health (Mental Health)
- 9.30 A/Prof Richard Matthews, Deputy-Director General, Strategic Development, NSW Health
- 9.40 Mr Ron Woodham, Commissioner, NSW Department of Corrective Services
- 9.50 Mr Peter Muir, A/Director General, NSW Department of Juvenile Justice

Overview of Forensic Mental Health

- 10.00 NSW Statewide forensic mental health
 - Dr Anthony Samuels, Clinical and Training Director, Long Bay Hospital, Justice Health
 - 10.20 Review of forensic mental health system
 - Hon Greg James, QC, President Mental Health Review Tribunal
-

10.50 *Morning tea*

Mental Health Care in Prison

- 11.20 A prison mental health screening unit: a first for NSW
 - Dr Jonathon Adams, Psychiatry Registrar, Community Forensic Mental Health, Justice Health
 - 11.40 The mental health of incarcerated women
 - Ms Devon Indig, A/Research Manager, Centre for Health Research in Criminal Justice, Justice Health
 - 12.00 Clinical survey of high-risk patients and forensic patients referred to the Justice Health Community Forensic Mental Health Service
 - Dr Stephen Allnutt, Clinical Director, Community Forensic Mental Health, Justice Health
-

12.30 *Lunch*

Adolescent Mental Health and Agency Interactions

- 1.30 Moving mental health care from a correctional to a therapeutic context
 - Prof Paul Mullen, Monash University and Victorian Institute of Forensic Mental Health
 - 1.50 Towards an understanding of emerging co-morbidity among adolescents and young people in custodial clinical settings
 - A/Prof Robyn Rosina, Clinical Director Adolescent Health and Research, Justice Health
 - 2.10 Characteristics of Adolescent Health (Justice Health) Addiction Medicine Service patients
 - Dr Gilbert Whitton, Staff Specialist Addiction Medicine, Adolescent Health, Justice Health
 - 2.30 People with mental health disorders and cognitive disabilities in the criminal justice system: exploring criminal justice life course and agency interactions
 - Dr Leanne Dowse, University of New South Wales
-

2.50 *Afternoon tea*

Release from Prison, Suicide and Recidivism

- 3.20 Suicide among New South Wales prisoners
 - Dr Azar Kariminia, National Centre in HIV Epidemiology and Clinical Research
 - 3.40 Suicide in NSW Prisons, 1995-2005 – toward a better understanding
 - Mr Colman O’Driscoll, Clinical Nurse Consultant, Mental Health, Justice Health
 - 4.00 Does court mandated outpatient treatment of mentally ill offenders reduce criminal recidivism?
A Case-Control Study
 - Prof David Greenberg, Director, Clinical Community Court Liaison, Justice Health
 - 4.20 Where to from here
 - A/Prof Sandra Egger, University of New South Wales
 - 4.40 Thanks and closing address
 - Ms Julie Babineau, Chief Executive, Justice Health
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5.00 Close and Reception

Justice Health

Demystifying Forensic Mental Health Symposium

Agenda: 18 March – Clinical Issues in Forensic Mental Health

Chair: Ms Julie Carter, Manager Adolescent Mental Health and Drug and Alcohol, Justice Health

8.30 *Tea/Coffee*

9.00 Opening Remarks

– Dr Claire Gaskin, Clinical Director Adolescent Mental Health, Justice Health

9.10 Development of forensic psychiatry in NSW

– Dr Leila Kavanagh, Consultant Forensic Psychiatrist, Community Forensic Mental Health, Justice Health

9.50 Development of Adolescent Forensic Services, NSW

– Dr Claire Gaskin, Clinical Director Adolescent Mental Health, Justice Health

10.30 *Morning Tea*

11.00 Dismantling recidivism in the Adolescent Mental Health Clinic in Juvenile Justice – strategies based on very different lines of research

– Dr Ken Nunn, Senior Staff Specialist, Adolescent Mental Health, Justice Health

11.40 The New Mental Health Act

– Hon. Greg James, QC, President Mental Health Review Tribunal

12.30 *Lunch*

1.30 History of the insanity defence

– Dr Michael Giuffrida, Consultant Forensic Psychiatrist, Community Forensic Mental Health, Justice Health

2.10 Stalking

– Prof Paul Mullen, Monash University and Victorian Institute of Forensic Mental Health and Dr Jonathon Adams, Psychiatry Registrar, Community Forensic Mental Health, Justice Health

3.00 *Afternoon Tea*

3.30 General nurses recognition of psychological distress in prisoners

– Ms Julia Smailes, Clinical Nurse Consultant, Court Liaison, Justice Health

4.10 Court Diversion in New South Wales: an innovative approach

– Prof David Greenberg, Director, Clinical Community Court Liaison, Justice Health

4.50 Closing remarks

– Dr Claire Gaskin, Clinical Director Adolescent Mental Health, Justice Health

5.00 *Close*

Agenda: 19 March – Clinical Issues in Forensic Mental Health

Chair: Mr Ben Nielsen, A/Deputy Director, Forensic Mental Health, Justice Health

8.30 *Tea/Coffee*

9.00 Opening remarks

– Dr Stephen Allnutt, Clinical Director, Community Forensic Mental Health, Justice Health

9.10 Applying the HCR 20 to manage risk

– Dr Leila Kavanagh, Consultant Forensic Psychiatrist, Community Forensic Mental Health, Justice Health and Mr John Mccallum, Forensic Clinical Nurse Consultant, Justice Health

9.50 Managing criminogenic need in mentally disordered offenders

– Mr Stuart Guy, Forensic Clinical Nurse Consultant, Community Forensic Mental Health, Justice Health

10.30 *Morning tea*

11.00 Malingering

– Dr Stephen Allnutt, Clinical Director, Community Forensic Mental Health, Justice Health

11.50 Assessment and management of paraphilias

– Dr Andrew Ellis, Consultant Forensic Psychiatrist, Community Forensic Mental Health, Justice Health

12.30 *Lunch*

1.30 Sexual sadism and infamous sadists

– Mr Marcelo Rodriguez, Clinical Nurse Consultant, Community Forensic Mental Health, Justice Health

2.20 Arson

– Dr Andrew Ellis, Consultant Forensic Psychiatrist, Community Forensic Mental Health, Justice Health and Ms Pam Allen, Forensic Clinical Nurse Consultant, Justice Health

3.00 *Afternoon Tea*

3.30 Female forensic issues

– Dr Richard Furst, Consultant Forensic Psychiatrist, Long Bay Hospital, Justice Health

4.10 Homicide/Suicide

– Ms Kath Jones, Occupational Therapist, Community Forensic Mental Health, Justice Health

4.50 Closing remarks

– Dr Stephen Allnutt, Clinical Director, Community Forensic Mental Health, Justice Health

5.00 *Close*

Justice Health

Demystifying Forensic Mental Health Symposium

Abstracts: 17 March

10.00 Dr Anthony Samuels
Clinical and Training Director, Long Bay Hospital,
Justice Health

Title: NSW Statewide forensic mental health

The Statewide Directorate for Forensic Mental Health is responsible for leading the development and management of an integrated mental health service across NSW, including the Statewide Community and Court Liaison Service, the Forensic Executive Support Unit, the Statewide Community Forensic Mental Health Service and mental health services in correctional and detention centres. Administrative premises for the service are located at Long Bay Correctional Centre. This presentation provides an overview of service development during the last five years.

10.20 Hon Greg James
QC, President Mental Health Review Tribunal

Title: Review of forensic mental health system

The Honorary Greg James is QC President of the NSW Law Reform Commission for the reference group for sentencing of mentally ill people.

The reference group has been expanded by the Attorney General to include the legal content of the defence of Mental Illness and the concept of unfit for trial.

The sentencing reference group involves an examination of the laws relating to the treatment of mentally ill or disordered offenders in the courts or in correctional centres.

Mr James has in addition reviewed the operation of the forensic mental health system in NSW for the state government and will introduce and explain the results of his review at the legislation to be expected in consequence relating his conclusions from his work as law reform commissioner.

11.20 Dr Jonathon Adams
Psychiatry Registrar, Community Forensic
Mental Health, Justice Health

Title: A prison mental health screening unit: a first for NSW; looking at the first twelve months

Objective: The aims of this talk are to provide a description of a newly available service within the prison system and to present the Mental Health Screening Unit's first twelve months in terms of the patients, its adaptations and its limitations.

Methodology: The first section of this talk provides a thorough description of the MHSU. The second looks at data collected for the period 1 July 2006 to 30 June 2007. A variety of databases were utilised as sources. Results: A range of data is presented, significantly: there were a total of 604 admissions; the most common primary diagnoses were schizophrenia-related disorders; there were relatively few adverse incidents; and 18% of the acute unit population were transferred to LBPH.

Conclusions: We have demonstrated that the MHSU had a considerable throughput of patients and manages a range of severe mental illness. We believe that the initial objectives of the MHSU have broadly been achieved. The additional benefits, adaptations and limitations of the MHSU are highlighted. Future areas of necessary research are discussed.

11.40 Ms Devon Indig
A/Research Manager, Centre for Health Research
in Criminal Justice, Justice Health

Title: The mental health of incarcerated women

This paper will review the existing evidence for mental health problems in incarcerated women and compare it to male inmates and the broader community.

12.00 Dr Stephen Allnutt
Clinical Director, Community Forensic Mental Health, Justice Health

Title: Clinical survey of high-risk patients and forensic patients referred to the Justice Health Community Forensic Mental Health Service.

Objective: To provide clinical audit data to inform future service development.

Methodology: The Community Forensic Mental Health Service (CFMHS) has been active since about 2004. Since the inception of the CFMHS we have been collecting clinical data with regard to patients referred to the service focussing on demographics, clinical aspects and risk for violence. The method has involved a comprehensive assessment of files, clinical review and analysis of each in addition assessment guided by clinical tools such as the HCR 20, START and BPRS.

Results: Overall, based on objective assessment of risk for violence, of patients referred to CFMHS since 2004, forensic patients in the community have the lowest risk profile as compared to civil patients in the community.

Conclusions: Service development should focus on the provision of services to civil patients.

1.30 Professor Paul Mullen
Monash University and and Victorian Institute of Forensic Mental Health

Title: Moving mental health care from a correctional to a therapeutic context

This presentation will discuss the differences between providing forensic mental health care in a custodial and a hospital-based environment. In particular, it will cover the cultural shift necessary with changing the model of care with regard to how to manage threats and violence in this context.

1.50 A/Professor Robyn Rosina
Clinical Director Adolescent Health and Research, Justice Health

Co-author: Ms Cathrine Lynch
Director, Adolescent Health, Justice Health

Title: Towards an understanding of emerging co-morbidity among adolescents and young people in custodial clinical settings

Background: High levels of co-morbid mental illness and substance dependence have been well documented in the NSW adult custodial population. The prevalence of mental illness and concerning substance use among young people in the NSW Juvenile system has been reported as high in two recent health surveys. What is less understood is the rate and markers of co-morbid emerging mental illness and concerning substance use in this population.

Objective: To undertake a clinical file audit and to pilot a clinical file audit tool. Further to establish a platform of information to inform future research.

Research Questions: What are the types, and prevalence of co-morbid mental illness and substance dependence among adolescents admitted into Juvenile Justice Centres and what are the markers of emerging co-morbid presentations?

Method: A clinical file audit of all patient files with a documented initial and comprehensive assessment across NSW over a three-month period. Files recording a mental health or drug and alcohol referral were further audited to identify patients with mental illness, emerging mental illness and substance dependence or concerning drug and alcohol use. The project continued to recruit until the sample reached over 400 clinical file audits (N=410).

Results: Early findings indicate high rates of co-morbid emerging mental illness and concerning drug and alcohol problems.

Conclusions: The findings point to markers of emerging co-morbidity and have generated a great deal of information about the developmental pathway of childhood disadvantage, concerning substance use, the emergence of markers of disturbance and concerning substance use, the diagnosis of mental illness and substance dependence and young adult offending. The next step in this work will be clinical profile development and further research to test these initial understandings (longitudinal studies) and generate further data to better understand this population.

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2.10 Dr Gilbert Whitton

Staff Specialist Addiction Medicine, Adolescent Health, Justice Health

Title: Characteristics of Adolescent Health (Justice Health) Addiction Medicine Service patients

Objective: Adolescent Health (Justice Health) has been providing an Addiction Medicine service across the NSW Juvenile Justice system for almost four years. Emerging comorbidity (mental health and drug and alcohol problems) presents a major challenge to Juvenile Justice and its health service partners. The objective of this presentation is to describe the characteristics of the Adolescent Health Addiction Medicine service's patients.

Methodology: A database has been kept of all the service's patients: those seen in clinics in all the NSW Juvenile Justice Centres and the Youth Drug & Alcohol Court; and those who have been the subject of telephone calls for Addiction Medicine treatments. Data includes age, ethnicity, where the patients live, and the (Addiction Medicine) diagnoses.

Results: By March 2008, the service had 833 patients on the database – 685 males and 148 females. Ages when first seen range from 10 to 22 years, with most (77%) being 15 to 17 years old. The commonest ethnicities were Aboriginal (46%-ATSI), followed by Australian-non-Aboriginal (34%) and New Zealand and Pacific Islands (10%). The patients mostly come from the western suburbs of Sydney (40% live in Sydney West or Sydney South West Area Health Services) and rural areas (25% live in the Greater Western or Greater Southern Area Health Services). The commonest diagnosis, requiring intervention, was cannabis dependence (76%), followed by alcohol abuse (62%), psychostimulant abuse (45%), nicotine dependence (44%), opiate dependence (21%), inhalant abuse (9%), benzodiazepine abuse (7%), and hallucinogen abuse (5%). Polydrug abuse is common.

Conclusions: The characteristics of Addiction Medicine patients in the Juvenile Justice are different in some ways to those seen in the adult criminal justice system. This young population from disadvantaged areas with high rates of aboriginality are commonly abusing cannabis, alcohol and psychostimulants. Unfortunately, this results in high rates of emerging comorbidity.

2.30 Dr Leanne Dowse

University of New South Wales

Co-author: Professor Eileen Baldry, University of New South Wales

Title: People with mental health disorders and cognitive disabilities in the criminal justice system in NSW: Exploring criminal justice life course and agency interactions.

Objective: The growing over-representation of people with mental health disorders and cognitive disabilities (MHDCD) in Australia's Criminal Justice Systems is of significant concern to the CJS, other human service agencies and advocacy groups. There is incongruence between systems dealing with such people, while the absence of shared data means that pathways through the system cannot be identified. Thus individual and system interactions are obscure.

Methodology: This paper outlines the critical issues in identifying and mapping the data needed and available to trace such pathways and interactions.

Results: It describes a protocol developed through an innovative liaison between the School of Social Sciences and International Studies at UNSW and ten criminal justice and human service agencies in NSW, which enables the creation of a linked dataset of criminal justice and human service records.

Conclusions: The discussion highlights the current barriers to accessing such information, with a particular focus on the intersections of privacy requirements with considerations of the public good.

3.20 Dr Azar Kariminia

National Centre in HIV Epidemiology and Clinical Research

Co-authors: Dr Matthew Law, A/Prof Tony Butler, A/Prof Michael Levy, Dr Simon Corben, Professor John Kaldor, Mr Luke Grant

Title: Suicide among New South Wales prisoners

Objective: To examine suicide and its associated risk factors among New South Wales (NSW) prisoners.

Methodology: Retrospective cohort study of 85 203 adult offenders who had spent some time in full-time custody in prisons in NSW between January 1988 and December 2002. Information on death was collected through linkage to the Australian National Death Index.

Results: There were 797 suicides in men and 49 suicides in women. Male prisoners were 4.8 times, and female prisoners 12.2 times, more likely to die from suicide than the general population. Suicide risk was greatest among those admitted to the prison psychiatric hospital, violent offenders, repeat offenders and those in the early stage of their criminal career. Aboriginal men and men from other non-English speaking countries had lower risk of dying from suicide.

724 (86%) suicides occurred after release. Men had a higher rate of suicide than women both in prison (129 v 56 per 100 000 person-years) and after release (135 v 82 per 100 000 person-years). In men, there was also a clustering of suicide directly after release from prison. Suicide was 3.9 (95% CI: 2.3-6.7) times higher within the first two weeks after release than after six months.

Conclusions: Recently released prisoners are at increased risk of suicide. A co-operative work between corrections, public health agencies, criminal justice, and housing, employment and education services are necessary to provide services for this high-risk group.

3.40 Mr Colman O'Driscoll Clinical Nurse Consultant, Mental Health, Justice Health

**Co-authors: Dr Anthony Samuels, Mr Mark Zacka,
Justice Health**

Title: Suicide in NSW Prisons, 1995-2005 – toward a better understanding.

Objective: This paper reports on a review of suicides in NSW prisons from Jan '95 to Dec '05 in an attempt to gain a better understanding of the nature and quality of the problem of suicide among prisoners.

Methodology: All deaths in NSW prisons for the period were reviewed. Those identified as self-inflicted were included. A data set was collected for each case and entered into a database.

Results: A total of 92 cases were identified as suicides representing 41% of all deaths in custody for the period.

Conclusions: The rate of suicide in NSW prisons has been declining over the past ten years but remains approximately 10-fold that of the NSW community. Suicide was the leading cause of death in NSW prisons from 1995 to 2005. This review highlights a number of factors, which appear to be common in many cases. Increased monitoring during the first week of incarceration may be an effective intervention. It is recommended that consideration be given to the length of time spent on remand and the value of custodial sentences of six months and less.

4.00 Professor David Greenberg Director Clinical Community Court Liaison, Justice Health

Title: Does court mandated outpatient treatment of mentally ill offenders reduce criminal recidivism? A Case-Control Study

Introduction: Legislation exists in New South Wales to allow diversion of mentally ill defendants to treatment in the community. There is a paucity of data relating to the effectiveness of mandatory treatment orders (MTOs) in Australia. In particular there is a lack of information regarding the effectiveness of court-ordered MTOs.

Objectives: This study aims to determine whether use of court-ordered MTOs is associated with a reduction in recidivism and improvement in psychosocial well-being for clients. A secondary aim was to determine attitudes of case managers to the use of such orders.

Method: Profiling of the group of mentally-ill defendants dealt with by court-directed MTO at Tamworth Local Court during the calendar year following the revision of Section 32 of the Mental Health (Criminal Procedures) Act in February 2005. Structured interviews with Case managers. Measurement of change in socio-vocational functioning, treatment compliance and rehospitalisation following introduction of the order. Survival analysis of time to reoffending compared with a matched control group of non-mentally ill defendants charged with similar offences and dealt with via good behaviour bonds during the same period.

Results: There were very low rates of recidivism during the six months duration of the mandatory treatment orders. There were low rates of readmission during this period. Local Community teams reported high levels of satisfaction with such orders. Socio-vocational functioning, compliance and psychiatric symptomatology were reported as improved during the period studied compared with prior to the introduction of the MTO.

Conclusions: Court-directed mandatory treatment orders appear to be useful in improving compliance and socio-vocational functioning among mentally ill defendants charged with summary offences. Such orders are acceptable to local treatment teams. Rates of recidivism are low when patients are managed under such orders.

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Abstracts: 18 March

9.10 Dr Leila Kavanagh

Consultant Forensic Psychiatrist, Community Forensic Mental Health, Justice Health

Title: Development of forensic psychiatry in NSW

Objective: This main focus of this presentation is to provide the audience with an overview of Justice Health. It initially covers historical aspects of the development of forensic psychiatric services in NSW. It begins with the first fleet and the founding of NSW as a Penal Colony, progressing through to the establishment of the first mental institutions in Australia and then the advent of de-institutionalization. The presentation later delves into the Forensic System in NSW and describes the innovations developed by Justice Health to address the influx of the mentally ill in the Criminal Justice System.

9.50 Dr Claire Gaskin

Clinical Director Adolescent Mental Health, Justice Health

Title: "Visions and Provisions" – The development of Adolescent Forensic Psychiatry Services in NSW

Objectives: To outline the research describing the mental health needs of young offenders and discuss international best practice in service provision to them.

To inform the audience of the developments in Adolescent Mental Health at Justice Health over the past four years and visions for the future.

Methodology: Present a snapshot of the international literature on trends, population statistics and epidemiological reviews that demonstrate both the presence of high levels of mental health disorders and the risk factors for future mental health disorders in this population. Use Justice Health data and statistics (In custody surveys, MHOAT-Ca, adolescent mental health database, Court Diversion data, Juniperina project, JJCRTS and current project looking at follow up of young offenders with major mental illness from Baxter) to illustrate development of services in line with identified need.

Results: Inform audience of levels of mental health problems in adolescent offender population and "at risk" population and enhance their knowledge of Justice Health service provision and future developments. Illustrate the need for community mental health services to provide appropriate services for this population.

Conclusions: 1. Mental disorder and risk of development of disorder are very high in adolescent offender population. 2. Service developments in Justice Health require support from, and collaboration with, other services to be successful and improve outcomes for this population. Future service development with adolescent mental health need to consider specific groups and offer support to community services.

11.00 Dr Ken Nunn

Senior Staff Specialist, Adolescent Health, Justice Health

Title: Dismantling recidivism in the Adolescent Mental Health Clinic in Juvenile Justice – strategies based on very different lines of research

Recidivism in young people, who have been detained within Juvenile Justice facilities, is a substantial problem, especially in the indigenous community. The rate of recidivism is used as a powerful argument in the community and among some policy analysts for the illusory and utopian nature of any sort of therapeutic detention and the postponement of clinical programs pending widespread social reform. Some of the main contributors to recidivism are potentially tractable to clinic-based interventions in detention and in the community. Three lines of evidence are put forward to formulate clinic-based strategies for dismantling recidivism over a five year period with a view to transitioning services over a 15 year period to mirror these changes. Risks involved are discussed together with the outcome measures required to identify success, failure and complications. In particular, recidivism and the risks of attempting to dismantle recidivism within the young indigenous community are targeted because of the perceived intractability of their predicament. It is concluded that targeting youth recidivism successfully may shift longstanding nihilism toward Justice Health as an area of humanitarian endeavour.

11.40 Hon Greg James

QC, President Mental Health Review Tribunal

Title: The new Mental Health Act

The 2007 Mental Health Act was proclaimed in Parliament in late 2007. This legislation replaced the 1990 Mental Health Act and is supported by a comprehensive education and training program for all mental health staff in NSW. This presentation will discuss the major changes arising from this new legislation.

1.30 Dr Michael Giuffrida

Consultant Forensic Psychiatrist, Community Forensic Mental Health, Justice Health

Title: History of the insanity defence

This paper describes the historical development of the Insanity Defence from medieval times discussing the landmark cases in English and Australian law. Dr Giuffrida also considers the difficulties that arise in relation to substance intoxication and rational and others motives complicating evidence regarding a plea of not guilty by reason of mental illness.

**2.10 Professor Paul Mullen
Monash University and Victorian Institute
of Forensic Mental Health**

**Dr Jonathon Adams
Psychiatry Registrar, Community Forensic Mental
Health, Justice Health**

Title: Stalking

An interesting case seen by the Community Forensic Mental Health Service with a long history of stalking behaviour will be presented. This will encompass the patient's background history, description of stalking, formulation and proposed management plan. The case will form the basis of the ensuing interactive discussion, lead by Professor Mullen, incorporating an overview of the assessment and management of stalkers.

**3.30 Ms Julia Smailes
Clinical Nurse Consultant, Court Liaison,
Justice Health**

**Title: General nurses recognition of
psychological distress in prisoners**

Aim: The aim of this study was to explore how general nurses working in a health clinic in a correctional centre recognise psychological distress in young adult male offenders.

Methods: The study used both qualitative and quantitative methods to examine general nurse recognition of psychological distress in 18-25 year old male inmates transferred to a large reception gaol (MRRC) in NSW.

Results: The results of the study revealed that general nurses did not always recognise when an inmate was distressed and were more accurate at identifying when inmates were not distressed. Nurses reported using a variety of strategies to assess for psychological distress which included: noticing visual and other behavioural cues and relying upon their own knowledge and experience of navigating the hostile environment of the gaol and learning to adjust to this.

Recommendations: Recommendations for the future include preparation of general nurses working in Justice Health Reception clinics to accurately and confidently recognise psychological distress include undertaking a routine assessment of any inmate in their first weeks of incarceration using a standardised screening tool of psychological distress (eg, the Kessler 10). Nurses identified that courses in mental health skills together with suicide awareness, drug and alcohol and cultural safety should be made available to them to quickly gain confidence at building positive therapeutic relationships with inmates and orient them to prison nursing. General nurses need stronger professional support and greater links with the wider nursing community to mitigate against the oppressive and punitive working environment of the gaol.

**4.10 Professor David Greenberg
Director Clinical Community Court Liaison,
Justice Health**

**Co-authors: Ms Lesley Douglas, Mr Conor O'Neill,
Justice Health**

**Title: Court Diversion in New South Wales:
An innovative approach**

Background: New South Wales remand centers/prisons currently have a disproportionate number of mentally ill and mentally disordered persons relative to the community. For summary matters, these persons can potentially be diverted back to the health system by way of sections 32 & 33 of the NSW Mental Health (Criminal Procedure) Act 1990.

Aims: To describe the NSW Statewide Community Court Liaison Service which has been rolled out across seven metropolitan and seven regional areas.

Method: Whole government approach to the initial planning of the statewide service. Opportunities and difficulties with the development and implementation stages of the service will be discussed. Diversionary measures and liaison openings with area mental health services will be presented.

Results: Successful output data and satisfaction outcomes from stakeholders have produced a unanimous endorsement of the service.

Conclusions: Court Diversion and Court Liaison have resulted in immediate access for mentally ill and mentally disordered persons in courts to mental health services. It has also enhanced inter-agency and intra-agency relationships with all stakeholders. Benefits provided to selected clients with relatively minor charges include a move away from criminalization of the mentally ill and potential improved health and judicial outcomes.

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Abstracts: 19 March

9.10 Dr Leila Kavanagh
Consultant Forensic Psychiatrist, Community Forensic Mental Health, Justice Health

Mr John McCallum, Forensic Clinical Nurse Consultant, Community Forensic Mental Health, Justice Health

Title: Applying the HCR-20 to manage risk

This presentation will focus on the HCR-20 and how it might be incorporated and applied when conducting mental health assessments. The HCR-20 was developed in British Columbia and arose from the need to perform risk assessments in a more systematic manner. It has since been used internationally to assess and manage risk in forensic and civil mental health settings. The New South Wales Community Forensic Mental Health Service uses the HCR-20 in all of their assessments and risk management reports.

The HCR-20 is a twenty-item tool divided into three sections covering historical, clinical and risk management items. Ten historical (static) items anchor it, with clinical and risk management items addressing treatable or “dynamic factors”. The presentation will provide an overview of the items of the HCR-20 (and associated actuary tools) to provide our audience with a clearer understanding of this tool and its use in the assessment and management of the risk of violence in mental health patients. It must be emphasized that the full use of the HCR-20 requires specific training. Our goal is to demonstrate how the “principles” of the tool can be useful for clinicians in making important decisions in regards to their patients’ management in particular when addressing risk for violence.

The presentation includes a video, illustrating how the principles of the HCR-20 might be applied to a clinical assessment. This will be followed by a short power point presentation regarding the fundamentals of the HCR-20 as described above. The main focus of our presentation is to stimulate thought and discussion as to how formal risk assessment can achieve better outcomes in the management of risk of mental health clients.

9.50 Mr Stuart Guy
Forensic Clinical Nurse Consultant, Community Forensic Mental Health, Justice Health

Title: Managing criminogenic need in mentally disordered offenders

The aim of this paper is to critique contemporary forensic mental health practices in its ability to address criminogenic needs in mentally disordered offenders. The paper explores the concept of criminogenic in relation to the construct of offending by mentally disordered offenders. It further consider the pitfalls of therapeutically ignoring the concept when developing treating plans which can have significant impact on future psychiatric relapse and recidivism in this population. The paper relates to contemporary literature in this area and the presenters own clinical practice and experience within forensic mental health services in England, Scotland and New South Wales Australia.

11.00 Dr Stephen Allnutt
Clinical Director, Community Forensic Mental Health, Justice Health

Title: Malingering

Psychiatry does not have the technological instruments available to other medical specialties. Mental health practitioners require astute clinical skills. In medico-legal circumstances the issue of malingering is always under consideration. In the absence of objective measures, which can make distinguishing between actual and fabricated symptoms easier, mental health practitioners are forced to evaluate the validity of such abstract constructs such as whether a thought is delusional or not. This is a difficult enough task in an of itself. Determining whether a belief is fabricated can be an even more daunting task. This talk with provide an overview of the issue of malingering from a psychiatric perspective.

11.50 Dr Andrew Ellis
Consultant Forensic Psychiatrist, Community Forensic Mental Health, Justice Health

Title: Assessment and management of paraphilias

Paraphilia disorders of sexual preference often bring people into contact with the Criminal Justice System. This presentation will provide an overview of the current diagnostic practice and current medical and psychiatric treatment of these conditions.

1.30 Mr Marcelo Rodriguez
Clinical Nurse Consultant/Psychologist,
Community Forensic Mental Health, Justice Health

Title: Sexual Sadism and infamous sadists

This presentation defines the paraphilia of sexual sadism, and provides a brief review of infamous sadists including Marquis de Sade, Ted Bundy and Andrei Chikatilo. This presentation will concentrate on describing the profile of the homicidal sexual sadist.

2.20 Dr Andrew Ellis
Consultant Forensic Psychiatrist, Community
Forensic Mental Health, Justice Health

Ms Pamela Allen
Forensic Clinical Nurse Consultant, Community
Forensic Mental Health, Justice Health

Title: Arson

Arson is a serious and costly problem for the people of New South Wales. Arson is the legal term for unlawful setting of fires. This presentation will explore concepts of pyromania, modern studies and results, associated behaviours and clinical considerations.

3.30 Dr Richard Furst
Consultant Forensic Psychiatrist, Long Bay Hospital,
Justice Health

Title: Female forensic issues

Female prisoners in NSW have increased as a proportion of total prisoners and in absolute numbers over the last 20 years. As recent surveys have demonstrated, this group presents significant challenges for both the criminal justice system and the health system due to the high rate of psychiatric morbidity. According to Butler & Allnutt (2005), around 60% of female prisoners are suffering from a diagnosable mental illness. The severe personality disorders, substance dependence, and severe mental illness are difficult to manage owing to disruptive and violent behaviours, problems in identifying cases, and a lack of adequate resources for the task at hand. Social disadvantage, family disruptions and perinatal issues present further challenges in working with this group. Services must be culturally sensitive, as 33% of female inmates are of Aboriginal origin.

Some unique solutions have developed in NSW, including a 'mother and baby' unit at Emu Plains Correctional Centre. This paper will provide an overview of the range of treatment options available to female prisoners in NSW, including: (1) Treatment in custody via clinics; (2) Court Diversion; (3) Mental Health Screening Unit; (4) Drug Court and related programs; (5) Acute Female Unit at Long Bay Hospital (B Ward, East); (6) Forensic Rehabilitation at Bunya Unit, Cumberland Hospital. Problems will be highlighted with case examples, and details of clinical surveys from B Ward, East and the Bunya Unit will also be presented.

4.10 Ms Kath Jones
Occupational Therapist, Community Forensic
Mental Health, Justice Health

Title: Homicide-Suicide: What role can mental health professionals play in its prevention?

Summary: Homicide-suicide is one of the most tragic forms of violence. It causes family and community disruption, psychological trauma and public concern. Luckily, homicide-suicide happens infrequently. Until recently, little has been known about this phenomenon due to a number of difficulties, such as lack of assailant to explain and the lack of survivors, there is usually no trial, and the scope of investigation is limited to that required by the coronial system, some countries lack efficient and accurate means to monitor episodes of homicide-suicide. This presentation will firstly define the term 'homicide-suicide' and then describe its typologies, before commenting on methods most relevant to Australia. A comparison shall then be conducted with other countries, by outlining the rate of homicide-suicide and discussing victim and offender characteristics. Finally, the role of the mental health professional shall be identified as recommendations shall be made concerning the identification and monitoring of high risk people, treatment options, and ideas for further research.

Justice Health and external speakers

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New Forensic and Prison Hospitals

The construction phase of the Forensic and Prison Hospitals Project commenced in 2006 on the Long Bay complex at Malabar, Sydney. At a total cost of \$128.5 million, this project incorporates the construction of the following facilities:

- a 135 bed Forensic Hospital.
- a 85 bed Prison Hospital.
- a Justice Health Operations Building incorporating statewide pharmacy and stores.

The primary objective of the project is to create facilities to provide care for forensic patients and the mentally ill in line with national and international best practice, whilst continuing to ensure community safety. The hospitals will significantly boost the number of beds for the mentally ill in NSW and also provide acute and rehabilitative health services for people within the NSW criminal justice system.

The Forensic Hospital will be owned and staffed by Justice Health (on behalf of NSW Health), while the Prison Hospital will be operated by the Department of Corrective Services, with clinical services to be provided by Justice Health.

The project is being procured as a Public Private Partnership (PPP), meaning that the private sector will finance, design, build and maintain the facilities under contract until July 2034.

Why are we building the new hospitals?

The numbers of forensic patients and mentally ill inmates in NSW have been steadily increasing in recent years. The two new hospitals will dramatically increase our capacity to deliver best practice models and better clinical pathways for these patients.

The major benefits of the new hospitals will be;

- More options for mentally ill inmates and young people involving better clinical pathways.
- Hospital bed numbers will increase from 120 to 220 in the two new hospitals.
- Patients with serious mental illness coming into contact with the criminal justice system will be cared for in a healthcare environment in line with international best practice.
- The Forensic and Prison hospitals will provide the infrastructure Justice Health needs to deliver acute and rehabilitative care for women, aged inmates, men, young people and civilians.
- 175 of the most difficult and challenging forensic patients and mentally ill inmates will be cared for in a hospital environment.

Justice Health Vision

International best practice health care for those in contact with the NSW criminal justice system

Justice Health Goals

- Identify the health care needs of our client group
- Provide high quality, clinically appropriate services, informed by best practice and applied research
- Make health care part of the rehabilitative endeavour
- Facilitate continuity of care to the community
- Develop an organisational culture that supports service delivery
- Promote fair access to health services
- Provide strong corporate and clinical governance

Contact

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