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NHMRC Australian Centre of Research Excellence in Offender Health Annual Report (2015 and 2016)



UNSW
AUSTRALIA



NHMRC Centre of Research
Excellence in Offender Health

The Kirby Institute

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Introduction

Prisoners have some of the worst health outcomes of any population group and are one of the most marginalised and stigmatised groups in Australia. Each year more than 50,000 people cycle through Australian prisons, with the number of ex-prisoners in the community estimated to be around 400,000 nationally. Due to lack of engagement with health services, many of these individuals enter the criminal justice system with pre-existing health conditions and most go undetected or untreated during incarceration. Epidemiological studies have consistently shown rates of mental illness and bloodborne viral infections (e.g. hepatitis C and hepatitis B) to be much higher among prisoners than in the general population. In addition to this, many engage in health risk behaviours such as injecting drug use, tobacco and other drug use at high levels. Prisoners also show increased mortality particularly from drug overdose, suicide and violence.

The Australian Centre for Research Excellence (CRE) in Offender Health was funded by the Australian National Health and Medical Research Council in 2013. Prior to this CRE, there was no national (or international) centre focused on offender health, despite the large discrepancies that exist between the overall health of prisoners and those in the general population.

The CRE in Offender Health brings together a team of internationally recognised researchers from across Australia who specialise in various aspects of offender health to advance research and policy in the area and to improve health outcomes for this population group.

The CRE prioritises two overall research themes – mental health and infectious diseases – both are in line with national priority areas and reflect the burden of diseases posed by these areas on the offender population. The two primary themes fall under three research strands: Surveillance and monitoring, Treatment interventions and Evaluation. See Table 1 for a summary of research projects by theme and strand.

Vision Statement

The NHMRC Centre for Research Excellence in Offender Health is committed to the conduct of innovative, policy-relevant and culturally appropriate research to improve health outcomes for those in contact with the criminal justice system in the infectious diseases and mental health areas.

Website

Please visit our website for the latest news, events and publications: www.offenderhealth.net.au. We are also on twitter @offendhealthCRE.

Table 1: Summary of projects by research theme and research strand

	Infectious Disease	Mental Health
Surveillance and Monitoring	<ul style="list-style-type: none"> • Comparing the psychosocial health status of sex and non-sex offenders in NSW prisons • Enhancing infectious disease surveillance in prison (National Prison Entrants Bloodborne Virus Survey) 	<ul style="list-style-type: none"> • Comparing the psychosocial health status of sex and non-sex offenders in NSW prisons • Health of the National Outcome Scale (HONOS) study • Stages of psychosis project (SOPP) study
Treatment Interventions	<ul style="list-style-type: none"> • Building the infrastructure for antiviral treatment of chronic hepatitis C in prisoners across Australia – the PACT study 	<ul style="list-style-type: none"> • Reducing impulsivity in repeat violent offenders using a Selective Serotonin Reuptake Inhibitor (SSRI) – the REINVEST study • Improving mental health screening of prisoners • Reducing impulsivity in repeat violent offenders using omega-3 fatty acids: A RCT pilot study
Evaluation	<ul style="list-style-type: none"> • Health research involving prisoners: Assessing stakeholders views on research priorities and ethical issues 	<ul style="list-style-type: none"> • A comparison of court liaison and court diversion services in Australia for people with mental disorders • Health care for prisoners: Assessing the societal and prisoner perspectives of its value • Health research involving prisoners: Assessing stakeholders views on research priorities and ethical issues • Violence in the lives on Aboriginal mothers in prison: women who use violence

Governance Structure

The CRE is led by Professor Tony Butler (Kirby Institute, UNSW Australia) with the support of the other nine Chief Investigators who meet annually (see Table 2).

The day-to-day running of the CRE is managed by the Executive Committee (Prof Tony Butler, Prof Andrew Lloyd, A/Professor Peter Schofield, Mr James Ward and A/Professor Kimberlie Dean) who meet frequently throughout the year. Dr Melanie Simpson is the CRE Co-ordinator.

Projects approved within the CRE also receive feedback from the Aboriginal Research Reference Group (Mr James Ward, South Australian Health and Medical Research Institute; Dr Jill Guthrie, Australian National University; Dr Megan William, Western Sydney University, Mr Michael Doyle, Kirby Institute, Ms Jocelyn Jones, National Drug Research Institute).

Member organisations

Members of the CRE in Offender Health are affiliated with a range of organisations throughout Australia. Current affiliations are listed below:

- Australian National University
- Justice Health & Forensic Mental Health Network
- Kirby Institute, UNSW Sydney
- National Drug Research Institute
- Neuropsychiatry Service, Hunter New England Mental Health
- Queensland Forensic Mental Health Service
- South Australian Health and Medical Research Institute
- The University of Newcastle
- The University of New South Wales

People

The CRE in Offender Health is led by 10 chief investigators.



Professor Tony Butler

Justice Health Research Program, Kirby Institute, UNSW Australia



Professor Andrew Lloyd

Viral Immunology Systems Program, Kirby Institute UNSW Australia



A/Professor Peter Schofield

School of Medicine & Public Health, University of Newcastle



Mr James Ward

Infectious Diseases Research Aboriginal and Torres Strait Islander Health, SAHMRI



Scientia Professor Phil Mitchell

School of Psychiatry, UNSW Australia



Professor David Greenberg

Statewide Community and Court Liaison Service, Justice Health & Forensic Mental Health Network



Dr Jill Guthrie

National Centre for Epidemiology and Population Health, ANU



Scientia Professor John Kaldor

Public Health Interventions Research Group, Kirby Institute, UNSW Australia



A/Professor Kimberlie Dean

Chair, Forensic Mental Health, School of Psychiatry, UNSW Australia



A/Professor Georgina Chambers

National Perinatal Epidemiology and Statistics Unit, Centre for Big Data, UNSW Australia

Associate investigators and research staff

A large number of people are involved in projects funded and/or supported by the CRE in Offender Health.

Associate Investigators

- Dr Stephen Allnut, UNSW Australia
- Professor Kate Dolan, National Drug and Alcohol Research Centre
- Dr Peter Frost, South Australian Prison Health
- Luke Grant, Corrective Services NSW
- Dr Edward Heffernan, Queensland Forensic Mental Health
- Dr Adeeba Kamarulzaman, University of Malaya
- Dr Azar Kariminia, Kirby Institute
- A/Professor Stuart Kinner, Griffith University
- Professor Michael Levy, ACT Health & Australian National University
- Dr Ray Lovett, Australian National University
- A/Professor Eva Malacova, University of Western Australia
- Dr Bradley Mathews, Kirby Institute
- A/Professor Richard Matthews, NeuRA
- Professor James Ogloff, Swinburne University of Technology
- Prof David Preen, University of Western Australia
- Dr Alun Richards, Queensland Department of Health
- Dr Nurlan Silitonga, Angsamerah Institutio
- Dr Andrew Vallely, Kirby Institute
- Dr Chris Wake, Tasmanian Health Services
- Dr Megan Williams, Western Sydney University
- Professor David Wilson, Burnet Institute
- Dr Zunyou Wu, UCLA Fielding School of Public Health

Research staff

- Jocelyn Jones, Research Fellow, National Drug Research Institute
- Dr Armita Adily, Research Fellow, Kirby Institute
- Dr Paul Simpson, Research Fellow, Kirby Institute
- Dr Lorraine Yap, Research Fellow, Kirby Institute
- Dr Melanie Simpson, Research Associate, Kirby Institute
- Laura Miles, Clinical Trials Manager, Hunter New England Mental Health
- John Nguyen, Clinical Nurse Consultant, Kirby Institute

Post graduate students

- Michael Doyle, Kirby Institute
- Lise Lafferty, Kirby Institute
- Fiona Davidson, University of Queensland
- Stella Nalukwago, Kirby Institute
- Matthew Gullotta, Kirby Institute

Projects

A comparison of court based approaches in Australia for people with mental disorders

Project members: Fiona Davidson (UQ and Queensland Forensic Mental Health Service), Assoc. Prof Ed Heffernan (Queensland Forensic Mental Health Service), Prof David Greenberg (JH&FMHN), Prof Philip Burgess (UQ), Prof Tony Butler (Kirby Institute).

Project description: Forensic mental health services in Australia have developed in response to the high rates of mental illness among offenders. A key component of forensic mental health services are Court Liaison Services. This type of forensic mental health service can provide early mental health intervention and, in some cases diversion from the criminal justice system to the mental health care system for the mentally ill. The components of service delivery and legislative options available differ across jurisdictions in Australia. The Australian Health Ministers' Advisory Council (AHMAC) Principles for Forensic Mental Health Services, along with several other policies, call for services to be provided in an efficient and effective manner. To date, there is limited research regarding how performance should be measured and defined for forensic MHS.

A benchmarking project for mental health court liaison services throughout Australia to compare the various legislative frameworks, models, inputs, outputs and outcomes is currently underway. It is anticipated that the findings of this project will have implications for future mental health policy. This project forms the basis of Fiona Davidson's PhD and is comprised of four components.

1. A National Survey of Court based mental health programs;
2. A review of current legislative approaches relevant to court liaison service provision;
3. The development of a set of National Key Performance Indicators for Court Liaison Services in Australia;
4. The National Court Liaison Services Benchmarking Project.

Project status: A national survey of available court-based diversion options in Australia has been completed, with a report and peer-reviewed article published. A National Mental Health Court Liaison Performance Working Group was formed with nominated representatives from each jurisdiction and an Aboriginal and Torres Strait advisor. National workshops were held with this group and have led to the development a national framework and a set of key performance indicators for Court Liaison Services. A technical report describing the performance indicators has been released and a peer reviewed publication describing the process and measures has been accepted. A review of legislative approaches to court liaison and diversion in Australia has been completed and submitted for publication.

All States and Territories have agreed to participate in the National Court Liaison Service Benchmarking Project. Throughout the project Court Liaison Services will trial measures and compare service performance. The benchmarking project commenced in March 2017.

Reducing offending behaviour in repeat-violent offenders using omega-3 fatty acids: A RCT feasibility study

Project members: A/Prof Peter Schofield (Neuropsychiatry, HNE Health), Prof Tony Butler (Kirby Institute), Laura Miles (Neuropsychiatry, HNE Health), Dr Melanie Simpson (Kirby Institute), Prof Lisa Wood (U of Newcastle)

Project description: Significant numbers of men come into contact with the criminal justice system as a result of committing violent offences. Few interventions, however, exist for this population as many treatment programs and post-release (from prison) schemes exclude those with histories of violent offending. Evidence implicates reduced levels of omega-3, a consequence of the modern diet, in increased anxiety, aggression, and impulsivity and studies (some conducted in custodial settings) have shown that supplementing omega-3 Fatty Acid levels can lead to reductions in aggression, anger and anti-social behaviour. No study has however looked at the potential benefits of omega-3 supplementation in an adult community offender population.

The primary aim of this study is to demonstrate the feasibility of conducting a three-month double-blind, randomised placebo-controlled trial (RCT) of omega-3 supplementation in a community sample of impulsive men with histories of violent offending. A secondary aim of the study is to collect information on the effectiveness of omega-3 supplementation on behavioural measures such as impulsivity, anger, aggression and irritability. Changes in self-reported offending over the three month period will also be assessed.

Project status: This project has now been completed and a publication of a peer-reviewed article is now underway. This study demonstrated that repeat violent offenders living in the community are willing to participate in trials and adhere to medical regimens up to three months. The Omega Index blood levels provided evidence that Omega-3 supplementation was adhered to by the majority of participants who completed the trial. Based on the small sample size (N=44), an adequately powered RCT of this intervention is warranted.

Health research involving prisoners: assessing stakeholders views on research priorities and ethical issues

Project members: Prof Tony Butler (Kirby Institute), Dr Jill Guthrie (ANU), Dr Paul Simpson (Kirby Institute), Jocelyn Jones (NDRI)

Project description: The use of prisoners as research participants is contentious and complex. Alcohol and other drug use, mental illness, and hepatitis C disproportionately affect prisoners, and are thus expected to be the preferred areas of research interest for prisoners. However, how prisoners see their involvement in such research in terms of risks and benefits medically, psychologically and socially within the prison setting and beyond remains unknown. In recent years there has been increasing interest in using deliberative democracy to involve communities in decision-making about policy development and program delivery. Citizens Juries (CJ) are one such approach, having been used in various

policy fields internationally, including in Australia. CJ involve bringing together a randomly selected group of citizens or a particular group of citizens, providing them good information on the issues to hand and asking them, as community representatives, about their preferences for certain policy options or priorities for resource allocation.

Consultation and input from key affected communities identified in national health strategies are important for determining research priorities, processes and translation, that in turn maximise opportunities for improved health outcomes of those affected communities. This study seeks input from a key affected community rarely consulted with in terms of research priorities (those with lived experience of prison), in addition to key prison health service personnel and ethics committee members/experts. As such, the project will inform and help evaluate research portfolio content under the CRE in offender health in order to improve the health outcomes of prisoners.

Project status: Two national roundtables assessing the views of prison health directors and ethics committee chairs have been completed. Outcomes reports from each roundtable have been prepared, in addition to a peer-reviewed publication. Negotiations to conduct the Citizens Juries with prisoners in NSW and Queensland are currently underway.

Improving mental health screening of prisoners

Project members: A/Prof Kimberlie Dean (JH&FMHN), Scientia Prof Philip Mitchell (School of Psychiatry, UNSW), Dr Sophie Davison (Clinical Research Centre)

Project description: Early identification and intervention for those with a first episode of a psychotic illness such as schizophrenia, or even emerging psychosis, has become the gold standard for clinical practice in the mental health field. However, offenders, particularly those incarcerated, have been largely ignored in the development of models of care and services. Little is known about their particular clinical needs and how an early intervention model might best be adapted to those in contact with the criminal justice system. Those in contact with the criminal justice system are well known to have much higher risk of severe mental illnesses than those in the general population. The relationship between psychosis and an increased risk of antisocial behaviour including violence and criminality is well documented. Prevalence studies have consistently shown high rates of psychotic disorders in the adult prison population, typically ranging from 3% to 5% of all prisoners. Little is known, for example, about early psychosis or, indeed those at-risk for psychosis, and offending. It has been suggested that the early stage of psychosis prior to treatment or the first-episode of psychosis may be the period most associated with serious violence.

This study will extend the Stages of Psychosis in a Prison Population (SOPP) study currently taking place in NSW prisons. The SOPP study is investigating the prevalence of early psychosis, established psychosis and at-risk mental states among those entering prison, both men and women, juvenile and adult offenders. The SOPP study also aims to establish the demographic, clinical and forensic characteristics of individuals identified to be within each of the three study groups, providing invaluable information to inform the development

of a needs-responsive intervention. For a defined period, the extension of SOPP will allow all prisoners received into prison to be approached for screening for eligibility into the study. The recruited sample will then be used in a sensitivity analysis to assess the extent of under-recognition of at-risk states and psychotic illnesses when existing mental health referral pathways are relied upon.

Project status: Data collection for the female sample recruited from Silverwater Women's Correctional Centre is complete. Recruitment of the male sample will commence in 2017.

Health care for prisoners: Assessing the societal and prisoner perspectives of its value

Project members: Prof Tony Butler (Kirby Institute), A/Prof Georgina Chambers (NPESU), Dr Marian Shanahan (NDARC), Stella Nalukwago (Kirby Institute)

Project description: The health care needs of prisoners can be complex in nature due to high rates of communicable and non-communicable disease, significant physical and mental comorbidities, and drug and alcohol dependence, all of which occur at substantially higher rates than in the general population. While the prison setting provides a unique opportunity to address health needs of prisoners, treatments are often expensive, require considerable coordination within this transient population, and consume scarce societal resources that could be directed to other healthcare interventions. However, not taking advantage of the prison setting, leads to a substantive pool of untreated prisoners who are likely to have a deteriorating course, often returning to the community after relatively short periods and imposing this substantive burden on society. As a consequence, treatment within the prison setting has the potential to substantially lower population rates of disease and reduce overall healthcare costs. However, how society and prisoners perceive the value of providing healthcare within the prison setting, and what aspects of care they consider favourably is not known.

This study proposes to evaluate societal and prisoner preferences for healthcare spending in the prison setting, using a number of solicitation methods (including Contingent Valuation (CV) and Discrete Choice Experiments (DCE)). The findings of such analyses can then be combined to present evidence on the economic costs, and clinical outcomes and perceived social benefits of such an intervention. This study will provide valuable information for policy makers, treatment providers, other practitioners and ethics committees and health economists regarding the strengths of preferences of society and prisoners to provide healthcare within prisons. The study will provide a monetary valuation of the health benefits relative to costs, and will help to promote a better understanding of some of the difficult issues faced by ethics committees in considering research proposals in offender health. Insofar as such difficulties relate to not knowing how acceptable to the public various changes in policy towards offender health might be.

Project status: A systematic review of economic evaluations for offender treatment interventions has been completed. Preparations are underway for phase 1 study of the

DCE, which includes focus group discussions with three groups; offenders, family members of offenders and members of the general public. The focus group discussions will seek to explore the preferred characteristics of treatment programs for violent impulsive offenders. Phase 2 of the study will develop and administer DCE surveys of offenders and the general population to allow the preferences of offender healthcare to be quantified from these two perspectives.

Comparing the psychosocial health status of sex and non-sex offenders in NSW prisons

Project members: Prof David Greenberg (JH&FMHN), Prof Tony Butler (Kirby Institute), Dr Armita Adily (Kirby Institute), Matthew Gullotta (Kirby Institute)

Project description: Little is known about the physical and mental health status of those convicted for sex offences. Preliminary research has been inconclusive and limited by small samples and lack of non-offender comparison groups. Increasing evidence about the mental, physical and social factors of sex offenders is important in understanding of the aetiology and mechanism of sex offences. It also contributes to better risk assessments, predicting recidivism and selecting treatments. Such research may also assist in the development of public policy. This study will utilise data from three waves (1996, 2001 & 2009) of the NSW Inmate Health Survey to examine the differences in the health status of sex and non-sex offenders.

Project status: Data analysis for this study is complete. A peer-reviewed publication focusing on methodology and health status of sex offenders is now being prepared.

Building the infrastructure for antiviral treatment of chronic hepatitis C in prisoners across Australia – the PACT study

Project members: Prof Andrew Lloyd (Kirby Institute), Prof Tony Butler (Kirby Institute)

Project description: Prisoners have been identified in the Fourth National Hepatitis C Strategy 2014–2017 as a priority population for hepatitis C treatment with over 50,000 individuals passing through the prison system annually. Although approximately one in three prisoners are infected with hepatitis C at present only a tiny minority currently receive antiviral treatment in this setting. Recently, Professor Lloyd has led the development and implementation of an innovative nurse-led model of care in NSW prisons, incorporating protocols for assessment and monitoring, telemedicine for specialist input, and portable fibro-elastography (to measure scarring of the living) was successfully implemented in the NSW prisons to facilitate increased uptake of decentralised care. The model was safe, effective in increasing treatment rates, and well accepted by prisoners, as well as custodial and health care staff. A recent survey of hepatitis services in other Australian states and territories indicated that provision of specialist hepatitis nurses and education programs for health care staff were the most commonly recommended approaches as to how prison

services could be improved and the number prisoners receiving antiviral treatment increased. In combination with the arrival of the new, highly effective, short course antiviral treatments, implementation of the nurse led model of care in other prison jurisdictions offers the opportunity for the prison-sector to make a major contribution to control Australia's growing burden of disease due to hepatitis C. The aim of this project is implement and evaluate the nurse-led model of care for hepatitis C assessment and treatment developed in NSW in two additional jurisdictions.

Project status: Phase I of the project is close to complete with the new protocols and proformas for the assessment and direct-acting antiviral (DAA) treatment of prisoners with chronic HCV in NSW now developed and awaiting implementation. Justice Health have been engaged as collaborators on the project and the ethics approval process has commenced. Plans in relation to patient recruitment will commence once ethics is approved.

Reducing impulsivity in repeat violent offenders using a Selective Serotonin Reuptake Inhibitor (SSRI) – the REINVEST study

Project members: Prof Tony Butler (Kirby Institute), A/Prof Peter Schofield (Neuropsychiatry, HNE Health), Prof David Greenberg (JH&FMHN), Prof Philip Mitchell (School of Psychiatry, UNSW), Jocelyn Jones (NDRI), Lee Knight (Kirby Institute), John Nguyen (Kirby Institute)

Project description: Violence is a leading cause of death and injury worldwide and a large percentage of prison inmates have histories of violent offending. Between 1996 and 2006, violent crimes (homicide, assault, sexual assault, robbery) in Australia rose by 30%. While just under half of those convicted for violent offences such as assault (44%) and robbery (47%) return to prison within two years. Numerous studies suggest a strong association between poor impulse control (impulsivity) and crime, including violent crime. There is strong evidence from animal and human studies, pharmacological, imaging, and receptor sub-typing research of a relationship between serotonergic dysfunction and aggression and impulsivity. While violence and offending behaviour are complex issues, the biological, behavioural, psychiatric, criminological and pharmacological evidence provides compelling support for the role of serotonin dysfunction in impulsive-violence. The REINVEST study aims to examine the effectiveness of an SSRI (sertraline) in reducing recidivism and other behaviours (e.g. impulsivity, irritability, anger & aggression) among impulsive-violent offenders.

Project status: Recruitment for this study is still underway.

Stages of Psychosis in Prison (SOPP) study

Project members: A/Prof Kimberlie Dean (JH&FMHN), Natalia Yee (JH&FMHN), Dr Daria Korobanova (JH&FMHN), Prabin Chemjong (JH&FMHN)

Project description: The Stages of Psychosis in Prison (SOPP) study is investigating the prevalence of early psychosis, established psychosis and at-risk mental states among those entering prison, both men and women, juvenile and adult offenders. The SOPP study also aims to establish the demographic, clinical and forensic characteristics of individuals identified to be within each of the three study groups, providing invaluable information to inform the development of a needs-responsive intervention. For a defined period, the extension of SOPP will allow all prisoners received into prison to be approached for screening for eligibility into the study. The recruited sample will then be used in a sensitivity analysis to assess the extent of under-recognition of at-risk states and psychotic illnesses when existing mental health referral pathways are relied upon.

Project status: Data collection for this study is now complete. Data analysis is currently underway and includes a comparison with data from the Network Patient Health Survey.

Publications

Please note this is NOT a list of all publications arising from personnel affiliated with the CRE in Offender Health, rather a list of publications arising from projects funded by the CRE.

Journal articles

Davidson, F., Heffernan, E., Greenberg, D., Butler, T. and Burgess, P. (2016). A critical review of mental health court liaison services in Australia: A first national survey. *Psychiatry, Psychology & Law*, 1-14, doi: 10.1080/13218719.2016.1155509.

Simpson, P. L., Guthrie, J. and Butler, T. (2017). Prison health service directors' views on research priorities and organizational issues in conducting research in prison: Outcomes of a national deliberative roundtable. *International Journal of Prisoner Health*, 13, doi: 10.1108/IJPH-12-2016-0070.

Reports

Butler, T., Callander, D. and Simpson, M. (2015). National Prison Entrants' Bloodborne Virus and Risk Behaviour Survey Report. The Kirby Institute, UNSW Australia. ISBN: 978-0-7334-3532-4.

Davidson, F. (2015). Mental Health Liaison and Diversion: Court Liaison Services and Mental Health Court Programs in Australia. NHMRC Centre of Research Excellence in Offender Health, Kirby Institute, UNSW Australia.

Davidson, F. (2016). Key Performance Indicators for Australian Mental Health Court Liaison Services. National Mental Health Court Liaison Performance Working Group and the NHMRC Centre of Research Excellence in Offender Health, Kirby Institute, UNSW Australia.

Schofield, P., Rushworth, N., Mugford, S., Simpson, M. and Butler, T. (2016). Brain injury and the criminal justice system workshop report. NHMRC Centre of Research Excellence in Offender Health, Kirby Institute (UNSW Australia) and Brain Injury Australia. ISBN-10: 0-7334-3661-7, ISBN-13: 978-0-7334-3661-1.

Submissions

Schofield, P., Haikerwal, M., Dowse, L., Withall, A., Turnbull, T., Cations, M., Simpson, M. and Butler, T. (2016). Linking Health and Justice Data: A submission to the Productivity Commission Inquiry into Data Availability and Use. NHMRC Centre of Research Excellence in Offender Health, Kirby Institute, UNSW Australia.

Conference presentations

Please note this is NOT a list of all presentations arising from personnel affiliated with the CRE in Offender Health, rather a list of presentations arising from projects funded by the CRE.

Davidson, F., Heffernan, E., Greenberg, D. Butler, T. and Burgess, P. (2016). Mental health diversion in Australia: How effective are court liaison services? The benefits of cross border collaboration for forensic mental health services. The Royal Australian & New Zealand College of Psychiatrists 2016 Conference. Goals, purposes and strategies for prisoner and staff mental wellbeing in custody. Fremantle, Western Australia, 9-10 September.

Davidson, F. (2016). The benefits of cross border collaboration for court based forensic mental health services. Griffith University Forensic Mental Health Forum, Brisbane, Queensland, 24th June.

Davidson, F. (2016). The unique and evolving role of mental health nurses in Australian court. The Australian College of Mental Health Nurses, Adelaide, South Australia, 25-27 October 2016.

Korobanova, D., Yee, N., Chemjong, P., Scade, S. and Dean, K. (2016). Stages of psychosis in custody and mental health screening in the prison system. The Royal Australian & New Zealand College of Psychiatrists 2016 Conference. Goals, purposes and strategies for prisoner and staff mental wellbeing in custody. Fremantle, Western Australia, 9-10 September.

Simpson, M., Kariminia, A. and Butler, T. (2017). Drug use and associated risk behaviours among Australian prison entrants 2004-2016. 15th World Congress on Public Health. Melbourne, Victoria, 3-7 April.

Simpson, M., Yap, L. and Butler, T. (2015). Willingness to be treated for Hepatitis C among prisoners: Results from the National Prison Entrants' Bloodborne Virus and Risk Behaviour Survey (NPEBBVS). Poster presented at the 4th International Symposium on Hepatitis Care in Substance Users, Sydney, 7-9 October.

Seminars hosted by the CRE in Offender Health

2014

Indigenous women in the Canadian criminal justice system presented by Dr Alexandra King, 2014-2015 James Kreppner Fellow, Canadian HIV Trials Network, Simon Fraser University, Canada. 28th August 2014, Kirby Institute UNSW Australia.

For millennia, Indigenous people have lived on the land that has become Canada. They organized into their own nations and societies, and enjoyed excellent health. Following contact, they became known as the First Nations, Inuit and Métis peoples. The process of colonization has wreaked havoc on Indigenous people – at the societal and individual levels. As a consequence, they now face severe challenges because of deficits in many health determinants, coupled with socio-political structures that have eroded and compromised their historic self-governance. The First Nations people in Canada experience huge disparities in health vis-a-vis their non-Indigenous counterparts; HIV/AIDS and hepatitis C exemplify this. Indigenous people have also become increasingly over-represented in the criminal justice system (CJS). This is particularly the case for Indigenous women; however, their numbers are small. As a consequence, there is less programming for women while incarcerated, and little that addresses colonization and other underlying health determinants relevant to First Nations women, who also experience increased disease burden for STBBIs, addictions and mental illness. Women who transition to community after release from incarceration in British Columbia (BC) face numerous challenges in being linked with, accessing and receiving social and clinical services. Furthermore, most discharge planning is tailored for men.

A multi-method, community-based, participatory research project, reflecting an Indigenous ethical framework and embracing the Indigenous philosophy of OCAP/OCAS, will be presented. This will begin with a synthesis of an environmental scan which maps existing services and programs in this area, synthesis of literature and other available evidence. From this, plans for interviews with prison health practitioners, key informants, and women with incarceration experience and a gap analysis will be presented. These will lead into a planned pilot intervention to provide wholistic, trauma-informed, culturally appropriate linkage to community care cascades (e.g., HIV/AIDS, Hep C, opioid replacement therapy, mental health and addictions services) that is feasible within the existing system.

2015

Breaking into prison to improve continuity of care: The project START + Model presented by Mr Barry Zack, Assistant Clinical Professor, University of California and CEO of Corrections and Health, Bridging Group. 8th April 2015, Kirby Institute, UNSW Australia.

Continuity of Care for people returning home from prison requires collaboration between governmental and community entities and jurisdictions that do not often work together. Though the mission of public health can be viewed as similar to public safety, these systems often take diametrically opposed approaches to their mission. Barry will present a brief overview of the U.S. criminal justice system focusing on incarceration (the

U.S. represents about 5 percent of the world's population and nearly one-quarter of the entire world's prison population) and prison models of disease screening and continuity-of-care. The focus of this presentation will be on Project START, an evidenced based prevention & continuity-of-care model currently being implemented in 8 countries and in multiple U.S. prisons and remand centres.

2017

Breaking into prison to improve continuity of care: The project START+ model presented by Mr Barry Zack, Assistant Clinical Professor at the University of California, San Francisco and the CEO of Corrections & Health at the Bridging Group.

Continuity of Care for people returning home from prison requires collaboration between governmental and community entities and jurisdictions that do not often work together. Though the mission of public health can be viewed as similar to public safety, these systems often take diametrically opposed approaches to their mission. Barry will present a brief overview of the U.S. criminal justice system focusing on incarceration (the U.S. represents about 5 percent of the world's population and nearly one-quarter of the entire world's prison population) and prison models of disease screening and continuity-of-care. The focus of this presentation will be on Project START, an evidenced based prevention & continuity-of-care model currently being implemented in 8 countries and in multiple U.S. prisons and remand centers.

Workshops hosted by the CRE

2015

Prisoner health deliberative roundtable

4th February 2015, Kirby Institute, UNSW Australia.

On the 4th February 2015, the NHMRC Centre of Research Excellence (CRE) in Offender Health hosted a national forum with key personnel involved in the delivery of prisoner health services to identify prisoner health research priorities, the ethical and institutional issues associated with the conduct of research in prisons, and opportunities for national, collaborative research opportunities for this area.

The roundtable outcomes will assist in planning the research agenda of the CRE in Offender Health over the next five years and assist other researchers to pursue policy relevant research. Outcomes of this roundtable will also form part of a broader consultation and research with other stakeholders in prisoner health such as ex-prisoners and Human Research Ethics Committee members.

2016

National Mental Health Court Liaison Performance Working Group meeting

25th February 2016, Stamford Plaza Airport Hotel, Sydney.

The CRE in Offender Health supported the face to face meeting of the National Mental Health Court Liaison Performance Working Group.

The National Mental Health Court Liaison Service Performance Working Group was established to assist in the conceptual development and technical specification of a performance framework and key performance indicators for specialised Mental Health Court Liaison Services (CLS's). The Working Group is comprised of nominated representatives of Forensic Mental Health Services from each Australian State and Territory, an Aboriginal and Torres Strait Islander representative & project investigators from the NHMRC CRE Offender Health (a list of working group members and other contributors to this document is included at the end of this document).

The role of the working group is to develop a Court Liaison Service specific framework and a set of key performance indicators that have been formed in consultation with key stakeholders and that complement Australia's existing national mental health performance measurement approaches.

Brain injury and the criminal justice system

27th June 2016, Kirby Institute, UNSW Australia



Monday June 27th saw an engaging, pioneering and productive workshop centred on the interaction between people with a brain injury and the criminal justice system. Hosted by the NHMRC Centre of Research Excellence in Offender Health and Brain Injury Australia this is the first time a national group has set out to discuss this important but neglected issue. As many as 80% of adult prisoners report sustaining a traumatic brain

injury. Opened by Dr Mukesh Haikerwal, former president of the Australian Medical Association and Director of Brain Injury Australia, the workshop generated substantial interest from stakeholders and was attended by over ninety people from health, the judiciary, law, corrections, advocacy, and those with the lived experience of brain injury. The workshop produced wide ranging draft recommendations in a number of areas (such as screening, legislation and judicial education) along with commitments to continue the dialogue and to make submissions to a current inquiry for better integrated data sharing across judicial and health areas.

Prisoner health research ethics roundtable

4th August 2016, Kirby Institute, UNSW Australia

On the 4th August 2016, the NHMRC Centre of Research Excellence (CRE) in Offender Health convened a national roundtable attended by twenty people involved in university, Aboriginal, corrections, justice health, justice department and local health district research ethics committees.



The objectives of the day were to identify research ethics committee members' views on the key ethical issues in health research involving prisoners, and to generate possible strategies for researchers and/or other stakeholders to address these issues.

The roundtable outcomes will form part of a broader consultation with other stakeholders in prisoner health research, including prisoners and prison health service directors, under the Health Research Involving Prisoners Project (HRIP) funded by the CRE.

Anticipated HRIP project outcomes include:

- Generate much needed stakeholder and public dialogue on the ethics of health research that involves prisoners
- Inform responsive, relevant and ethical prisoner health research, including research under the CRE in Offender Health

CRE in Offender Health Annual Symposium's

Each year the CRE in Offender Health hosts an annual symposium with chief investigators and project team members to discuss the progress of projects over the past year and to discuss future directions of the CRE in Offender Health. Key stakeholders within the prison health and criminal justice system are also invited to attend the symposium's.



Since the commencement of the CRE in Offender Health, there have been two annual meetings designed to showcase the diversity of the projects funded and/or supported by the CRE. Speakers have ranged from Professors to Masters students to give those at all levels the opportunity to discuss their work. In addition, projects presented have varied in stages of development, with those in the earlier stages benefiting from attendee feedback and suggestions.

The CRE plans to host future events that bring together individuals and organisations interested in the offender health field, including annual thematic workshops.



Below is a list of the presentations included in the past two annual symposiums.

CRE in Offender Health Annual Symposium 2015

1. Views of prisoners on the involvement of prisoners in research – A citizen’s jury approach (Dr Paul Simpson, Kirby Institute)
2. Reducing offending behaviour in repeat violent offenders using omega-3 fatty acids: A RCT feasibility study (Laura Miles, Neuropsychiatry, HNE Health)
3. Comparing the psychosocial health status of sex and non-sex offenders in NSW prisons (Mathew Gullotta, Kirby Institute)
4. Sex offenders in NSW: A study linking health service contact and other health outcomes (Prof David Greenberg, JH&FMHN)
5. Improving mental health screening of prisoners (A/Prof Kimberlie Dean, JH&FMHN)
6. A comparison of court liaison and court diversion services in Australia for people with mental disorders (Fiona Davidson, UQ/QLD Forensic Mental Health team)
7. Building the infrastructure for antiviral treatment of chronic hepatitis C in prisoners across Australia (Prof Andrew Lloyd, Kirby Institute)
8. Juvenile offending and later health outcomes: A data linkage study (Dr Melanie Simpson, Kirby Institute)
9. Healthcare for prisoners: Assessing the societal and prisoner perspectives of its value (A/Prof Georgina Chambers, NPESU)

CRE in Offender Health Annual Symposium 2016

1. Introduction by A/Prof Richard Matthews (NeuRA Board of Directors)
2. Reducing offending behaviour using omega-3 fatty acids: A RCT feasibility study (A/Prof Peter Schofield, Neuropsychiatry, HNE Health)
3. 2016 National Prison Entrants’ Bloodborne Virus Survey (Dr Melanie Simpson, Kirby Institute)
4. Health research involving prisoners: Assessing stakeholder views on research priorities and ethical issues (Dr Paul Simpson, Kirby Institute)
5. Psychosis and offending in NSW - A data linkage study (Dr Armita Adily, Kirby Institute)
6. Stages of psychosis project/improving mental health screening of prisoners (A/Prof Kimberlie Dean, JH&FMHN)
7. A comparison of court liaison and court diversion services in Australia for people with mental disorders (Fiona Davidson, UQ)
8. Reducing impulsivity in repeat violent offenders using an SSRI (Lee Knight, Kirby Institute)
9. Health care for prisoners: Assessing the societal and prisoner perspectives of its value (Stella Settumba, Kirby Institute)
10. Comparing the psychosocial health status of sex and non-sex offenders in NSW prisons (Mathew Gullotta, Kirby Institute)

Centre of Research Excellence (CRE) in Offender Health Aboriginal Research Protocol

In this document Aboriginal is used but in recognition that wherever it is used its meaning encompasses Aboriginal and Torres Strait Islander peoples of Australia

1. Research funded and endorsed by the CRE in Offender Health must be conducted in a way that is consistent with the National Health and Medical Research Council's (NHMRC) Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research.¹
 - a) CRE project concept sheets (Indigenous component) should address the NHMRC's four Indigenous Research Excellence Criteria:
 - i. Community engagement
 - ii. Benefit
 - iii. Sustainability and transferability
 - iv. Building capacity
 - b) The outcomes section of the CRE project concept sheet should also consider the impact of the research on Aboriginal people.
2. Projects funded and endorsed by the CRE should seek relevant Aboriginal ethics approval prior to commencing. The following committees may include:
 - o NSW - Aboriginal Health and Medical Research Council (AH&MRC)
 - o WA – Western Australia Aboriginal Health Information and Ethics Committee (WAAHEC)
 - o SA – Aboriginal Health Research and Ethics Committee
3. Project team members should consult with the Aboriginal community (through relevant governance structures) and/or seek advice from an Aboriginal Reference Group in relation to study design, data collection, interpretation of study results and recommendations. Study results should also be disseminated to the Aboriginal community in a meaningful way.
4. A member/s of the CRE Aboriginal Research Reference Group will be assigned to each CRE project as a mentor and/or collaborator to provide advice throughout the project, including the dissemination of results via peer reviewed publication.
5. Project concept sheets and progress reports will be reviewed by the CRE in Offender Health's Aboriginal Research Reference Group and advice/recommendations provided to the research team members prior to commencing and 6 monthly.

¹ NHMRC. (2003). Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research. NHMRC: Commonwealth of Australia.