

Perinatal and Infant Mental Health in Women's Prisons:

Between Aspiration & Reality

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Health



Health

Justice Health and
Forensic Mental Health Network



Why is it important to have PIMH in prisons?

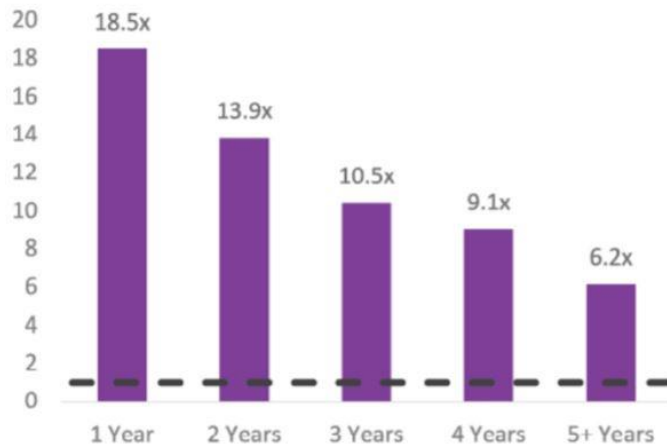
- Stigma & discrimination → health inequalities
- Right to antenatal & postnatal care
- Opportune time to provide care → hope & change in women
- Proportionate universalism ie.reduce the burden of social determinants of MI
- Parental offending/incarceration is a major risk factor for child mental illness

Impact of parental criminal offending on children

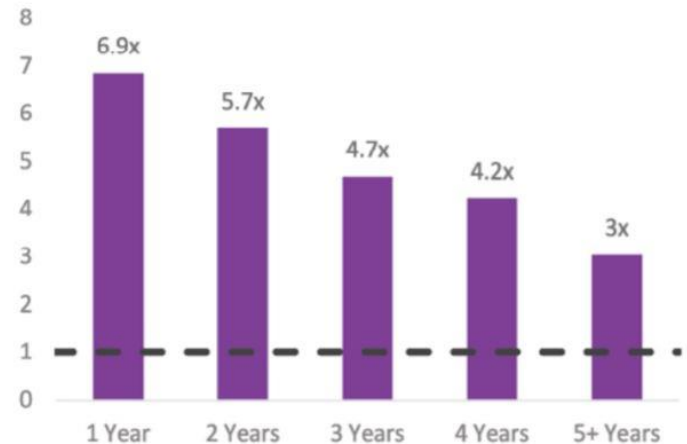
18.5 x higher \$ for OOHC

6.9 x higher \$ social costs

Time since the mother last interacted with justice services



Time since at least one parent interacted with the justice system

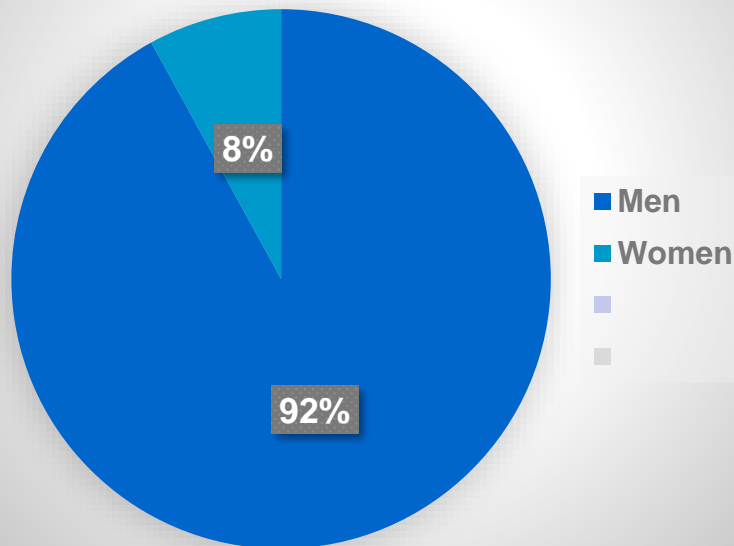


Pathway: 1.5x > risk of justice involvement, 2.5x > risk of custody

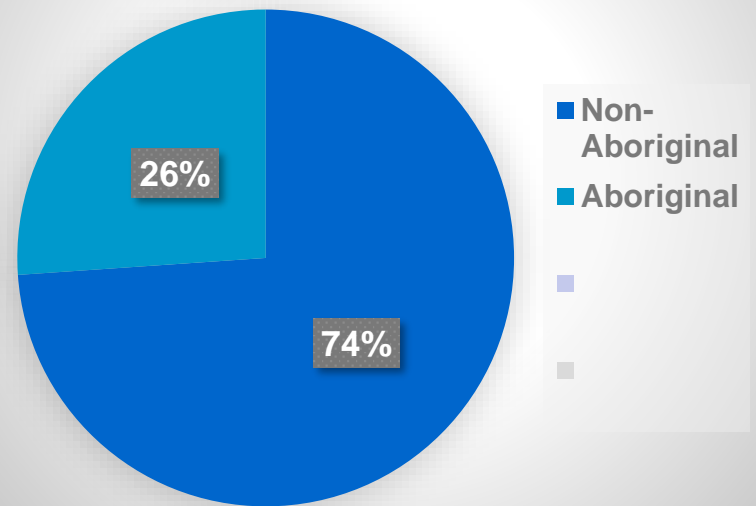
Ref: Their Futures Matter; 2018 Insight report

NSW has 13,149 people in custody

Men outnumber women



High ratio of Aboriginal people



Number of women in custody increases over time (42.2% recidivism)

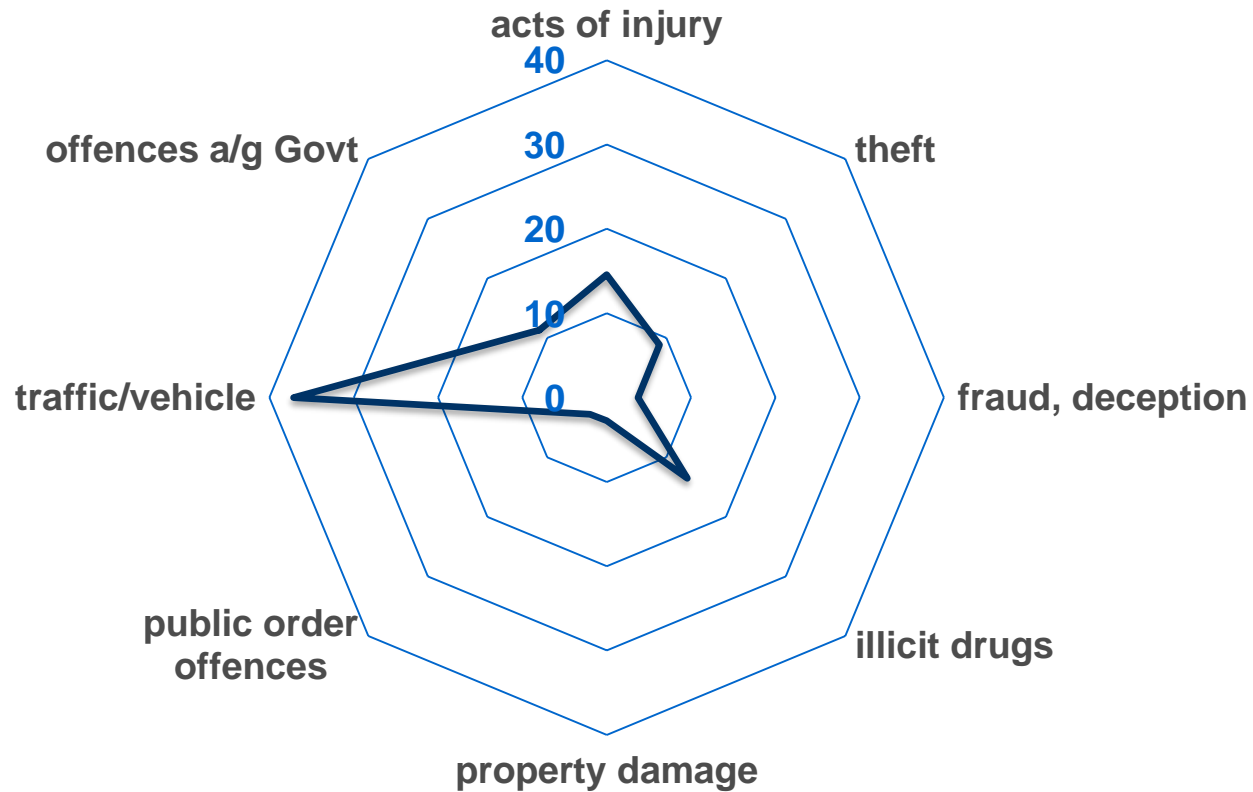
Figure 1. The Adult Female Prison Population in NSW from 2011 to 2017



Length of stay decreases from 2011-2017



Most offences are of less serious nature



High rates of mental illness

**55% used MH
services**

**Suicide
43%
considered
29% attempted**



78% MI Dx

**66% Trauma
(event)**

**80% pregnant
women AOD**

Social background

**24% been in
OOHC**

**18% completed
school**

10% homeless



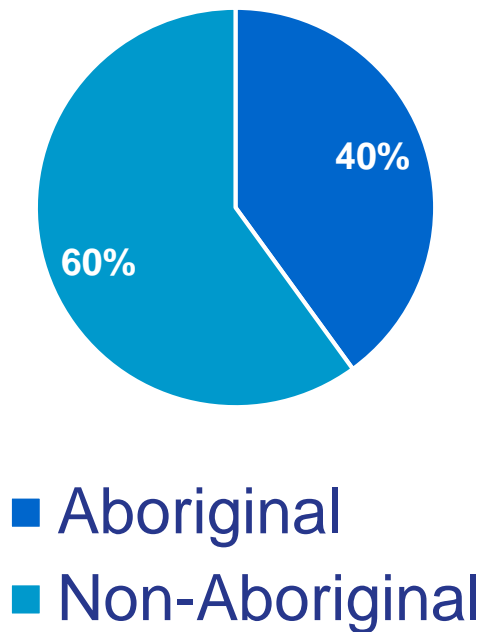
PIMH patients in custody



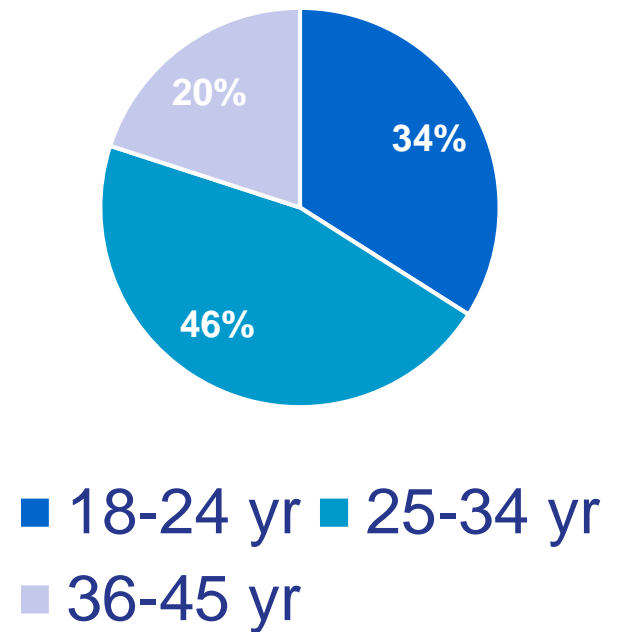
- Current female population 942 (2nd quarter 2019)
- 2016-2017- 58 patients assessed by PIMH
- 2017-2018 - 95 patients assessed by PIMH
- 2018-2019 - 101 patients assessed by PIMH

PIMHS clientele

Aboriginal patients



Age of PIMH patients



PIMH patient profile

- Majority suffer with stress and anxiety in custody, on a background of trauma.
- Average around 20-25 patients at any one time.
- Many develop anxiety and depression whilst in custody
- Small percentage have severe mental illness.
- Co-morbid AOD diagnosis (89%)
- 2019 - 5 birthed whilst in custody others spent some of their pregnancy in custody.

New South Wales



- Correctional Centre
- Transitional Centre
- Juvenile Justice Centre
- Court & Police Complex
- ▲ Court Liaison Service
- Drug Court Service
- ▲ Inpatient Unit
- Community Integration Team
- ▲ Adolescent Court & Community Team
- ~ Health Services provided by GEO Group Australia Pty Ltd

Medium Secure Forensic Unit operated by
Kestrel Unit, Hunter New England LHD
Macquarie Unit, Western NSW LHD
Bunya Unit, Western Sydney LHD

Metropolitan Sydney



* Silverwater Complex
Metropolitan Remand & Reception Centre
Silverwater Women's Correctional Centre
Mental Health Screening Units at MRRC and SWCC
Dawn de Loas Correctional Centre
Adult Drug Court Program Assessment Unit

*** Malabar
The Forensic Hospital

** Long Bay Complex
Long Bay Hospital
Long Bay Hospital 2
Metropolitan Special Programs Centre Areas 1, 2, 3 & 4
Special Purpose Centre

**** Parklea Complex
Parklea Correctional Centre
Compulsory Drug Treatment Program Centre

Accommodation



PIMH Model of care

So, what does this look like for women in custody in NSW?

- Early intervention and support in pregnancy - focus on antenatal care
- All pregnant women seen regardless of MH severity.
- Reception centre → initial assessment Lower security centres → follow up care
- Continuity of care, support, counselling, therapeutic interventions and referral to Psychiatric services as required.
- Duration of care

PIMH Model of care (Cont)

- Education and modeling of interactions with baby and the importance in terms of growth and development.
- Release planning and referral.
- TEAM WORK !! The PIMH service works closely with the Midwives, Mental Health, Drug and Alcohol and Primary Health services within Justice Health and Forensic Mental Health Network (the Network) and with Local Health District Social work services and Department of Communities and Justice (previously FACS) in the community.
- Monthly interagency meetings with above clinicians and agencies

Challenges

- Secure environment – access to patients
- Engaging women who are often reluctant to engage with health services in community.
- Co-morbid substance use
- Trauma of separation from baby, often return to custody within 48hours.
- Women being unexpectedly released from court – planning continuity care problematic
- Short periods incarceration
- Limited ability by Justice health to address housing/welfare issues
- Resources –trauma histories
- Work within decisions made by other services , CSNSW and Court.

Challenges in Care

- Miss R entered custody on 15/7/19
- Pregnant but unsure of dates (first trimester)
- Has a one year old in community in Department of Communities and Justice (DCJ) care, had been pregnant in custody last year.
- Hx of bi-polar disorder and substance use (ice)
- Was delusional and grandiose
- Admitted to Mental Health Screening Unit (acute MH unit in Silverwater womens)

Challenges in Care cont.

- Commenced on medication in custody, became less elevated but remained grandiose
- Charges were divertable so seen by Court Liaison service and a recommendation to the magistrate was made for a Section 33 as she was considered mentally unwell as per the Mental Health Act, allowing her to be transferred to the local Mental health hospital for assessment and treatment.
- At court Miss R was released on bail with no recommendation for Mental Health follow up.
- Difficult to find and engage in the community. Address given not correct.
- Found by Connections and linked to Community Mental Health Team and local services.

Mothers and Children's Program-Jacaranda



Quality improvement

- More parent-infant interaction work at Jacaranda Mothers and Baby Program
- Pregnancy in custody group program
- Psychoeducation re trauma, parenting, & effects on child
- Further research – limited research on parent-infant issues

Policy implications

- Advocacy (priority pop)
- Funding/resources - PIMHS
- Data links b/n Justice Health & eMR
- Recognition of vicarious trauma & support



Miss D Case Study

- Indigenous woman who has been homeless since 13 following childhood neglect, sexual and physical abuse.
- In custody (more on than off) since 14 for acquisitive offending, violence to police, domestic violence
- Opiate dependent since 13 (on methadone)
- NIDDM for 10 years (untreated)
- Had first baby (product of rape) in custody 14 years ago. Kinship care. Intellectual disability
- Mental illness from 2010 – cultural themes, difficult diagnosis due to lack of indigenous staff in the prison.

Miss D: June 2018 – remanded into custody

- Aggravated break and enter (T2)
- 20 weeks pregnant (“This is my chance”)
- Opiate dependent
- High sugars and a big baby
- Psychotic “zapped” - ? impact on her capacity
- Complex trauma

The Key Players

- Perinatal mental health CNC
- Midwife
- Drug and alcohol in pregnancy
- GP/ primary health
- Psychiatrist
- Legal Aid solicitor (downgraded charges and brought forward court date)
- Westmead PIMH, Social work, Aboriginal support worker, obstetrics and endocrinology.
- Cumberland Mental Health Services (local Mental Health hospital)
- Connections
- DCJ

Miracles do happen

- Section 33 to Cumberland 17th September (34 weeks)
- Caesarean section
- NICU
- Flourish



Thank you - any questions?

