



RICHMOND
FELLOWSHIP
QUEENSLAND



Recovery after Release: Signs of Hope...

RICHMOND FELLOWSHIP QUEENSLAND
Transition Support Service

*(Winner of 2010 NGO Category Mental Health Week Achievement
Award)*

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Manager



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Vision

Richmond Fellowship Queensland exists to serve the community as a leader in recovery oriented and early intervention services for people with mental illness or psychiatric disability. Our vision for success is that people experience hope and recovery.



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“Without you guys none of this would have happened”



- A client is sitting with his partner in the outdoor living area of a new townhouse having a coffee with his Support Worker.
- He has decided he wants to become a ‘responsible parent’
- He has stopped using drugs, cleared up outstanding legal matters, cooperated with Child Safety and been a ‘good’ tenant.

Overview



- Why this is important work
- Service Model and structure
- Case Example
- Basic Statistics
- Evaluation

Prisoner profile



- Majority of prisoners have extremely disadvantaged backgrounds;
- Homelessness, under-educated or illiterate, chronically under-or-unemployed;
- Far greater health needs than general population;
- Increased mortality rates following release

(Australian Institute of Health & Welfare 2010, The health of Australia's prisoners)

Why this should concern us all



- June 2009 over 27,000 Australians in custody
- Some estimates 90% increase in next 10 years;
- 50,000 releases each year; (95%)
- 90% < 12 months on remand and median expected sentence < 2 years
- Prisoner health = aspect of community health

Mental Health



- People who have been incarcerated (12 month prevalence) are:
- Twice as likely to have any mental disorder
- 5 times x substance abuse disorder
- 3 times x affective disorders
- Twice as likely to have an anxiety disorder
- 3 to 5 times x schizophrenia and depression

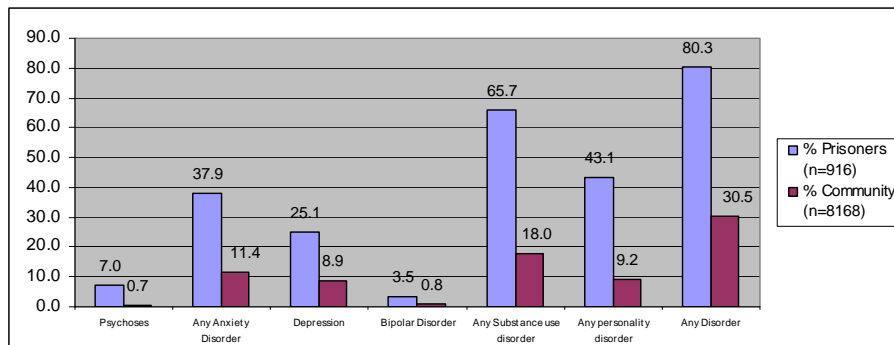
(Australian Institute of Health & Welfare 2010, The health of Australia's prisoners)

Mental Health (cont)



- Often experiencing higher psychological distress than general population (high or very high distress);
 - Females 50% compared with 14%
 - Males 27% compared with 10%
- 43% prison entrants had reported a head injury leading to unconsciousness

Mental Disorders in Australian Prisoners v Community (Butler et al, 2006)



Education



- 14% of prisoners completed Year 12 (63% in general population);
- 37% of prisoners highest level education Year 9 or less (4-8% in general population)

Mortality rates

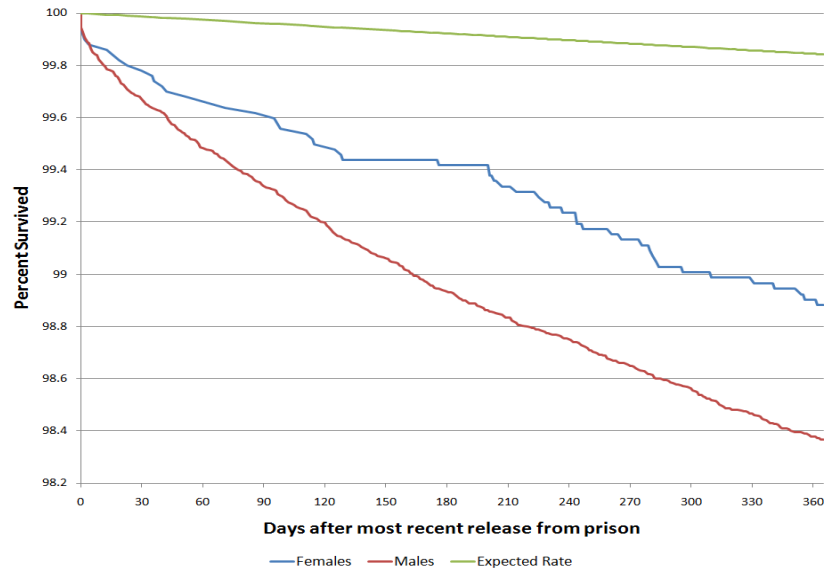
- Risks of death from:
 - substance abuse,
 - Suicide
 - Accident
- Highest in the days and weeks after release;
- Up to 9 (male) and 6 (female) times higher than general population in the first 6 months after release

(Kariminia et al, 2007)



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Queensland ex-prisoners released 1994-2007
Survival for the first 365 days after most recent release from prison



Source: Forsyth, Kinner et al (in preparation). MARC project data.

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Post-release Risks



- First 30 days “immense stress” and high risk of recidivism;
- Often starting their lives again from nothing;
- Substantial period of re-adjustment reuniting with family members, finding housing and need to learn or re-learn everyday activities;
- Disproportional high risk of suicide or drug overdose during first 6 months

Qld Government Initiative



- RFQ successfully tendered to Queensland Health to provide transition support for people leaving correctional facilities in South East Queensland and received funding in 2007
- MOG change funding from Depart. of Communities, Community Mental Health Branch
- RFQ’s Transition Support Service has been operational for over 3 years (300+ referrals)
- Formal partnership with Prison Mental Health Service

Brisbane TSS Service Structure



- RFQ's Transition Support Service office based in Annerley, Brisbane
- Coordinator and 6 Support Worker positions
- Primary Worker/Team Model
- Nominal caseload of 6 – 8 clients
- Services provided to 9 men's and women's correctional centres in South East Queensland

Maryborough TSS Service



- RFQ received enhancement funding to provide services to the Maryborough Correctional Centre
- Coordinator and 1.5 FTE Support Worker
- Regional differences in approach

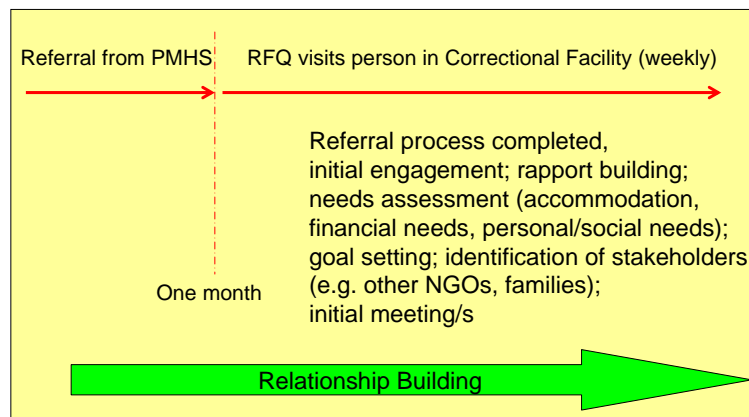


Service Model

- Queensland Health's Prison Mental Health Service is the single point of referral
- Designed to engage the person at least two weeks prior to release date
- Remand and sentenced prisoners
- Support and follow up in the community for up to six (6) months post release or until the person declines the service



Service Model – Pre release



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Service Model – Post Release

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- Transport on day of release and key appointments
- Settling into Accommodation
- Assistance with daily living and life skills
- Collaborative goal setting and case co-ordination
- Mental Health liaison and collaboration
- Re-integration support – families, support groups, pre-employment, vocational, social connections
- Centrelink, Court appearances, parole appointments, drug and alcohol support etc.

Personal & emotional support

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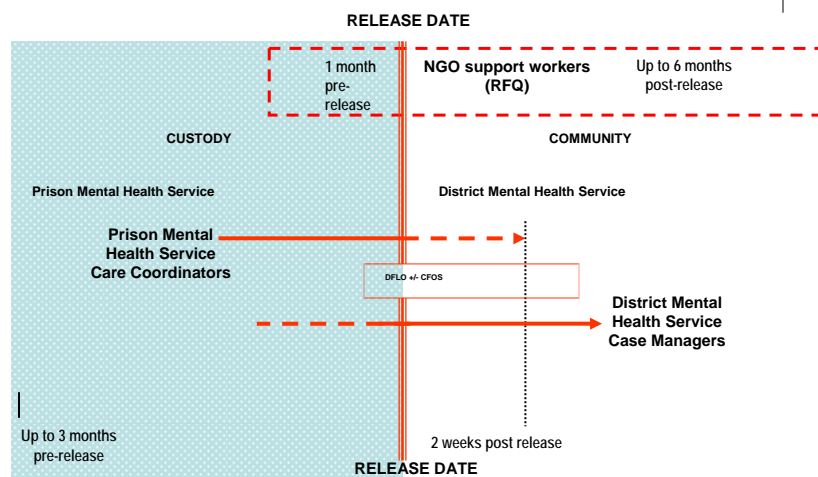
Eligibility

- People referred by Prison Mental Health Service (PMHS), and
- Have a mental illness and are leaving a correctional facility in South East Queensland and are:
- Willing to participate in the TSS program

Working with PMHS

- Prison Mental Health Service (PMHS) 'open case' load of around 1300 people at any one time
- How does PMHS select to refer to RFQ ?
 - Significant mental health needs
 - Mental Health Act Status
 - Active Illness
 - Complex medication problems
 - Requires case management in community
 - Risks to successful transition of care

PMHS / TSS Services

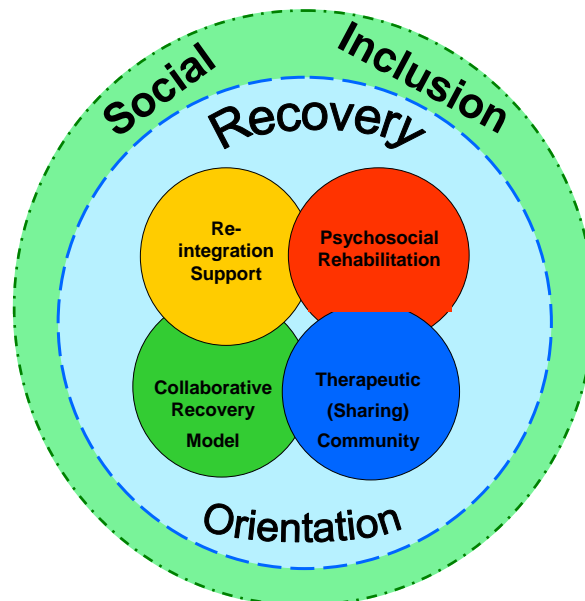


Working with PMHS (cont)



- TSS referral form and process collaboratively established
- Includes 25 item CANFOR (Camberwell Assessment of Need Forensic version)
- Clinicians and Support Workers trained in use of CANFOR
- Average 7 - 8 referrals per month
- Ongoing Bi-monthly Management and clinical meetings

RFQ's Model of Practice



TSS will help people to:

- Find a place to live.
- Maintain contact with mental health services.
- Access financial support (crisis payment etc)
- Attend Court and Parole appointments
- Seek assistance with substance abuse issues
- Settle back into the community
- Reconnect with family
- Access other services.
- Find meaningful things to do

Release Day Planning

- Who does the person want to see when they walk out of prison
- Transport on the day
- Role of friends and family or other agencies
- Accommodation (public, community, private)
- Appointments needed on the day (Parole, Mental health, GP)
- Medication



Release Day Planning (cont)

- Financial support – Bank, Centrelink
- Identification Papers (18+, license, birth certificate)
- Property collection
- Phone numbers for client



Release Day

Support client in the following activities:

- Meet client at correctional facility
- Meet with family or friends
- Medication
- Property Collection
- Purchase smokes, mobile phone
- Meal at KFC or Maccas
- Visit Bank (evidence of account)
- Centrelink

Release Day (cont)



- Probation & Parole Appointment
- Attend GP
- Mental health appointment
- Assist client to settle into accommodation
- Planning

'a place of my own'



- 40 year old male, itinerant and homeless for 20+ years;
- Never owned or rented a place of his own;
- Remained sober since release (first time for a long time);
- Now renting a room of his own;
- Funding to purchase a bicycle
- "thank you for getting me out of that hostel"

Support in the Community



- Monitoring how the accommodation is working out (physically and socially)
- Further development of working alliance
- Monitoring daily living skills
- Assistance with appointments (parole, mental health)
- Discussion of skills, preferences, changing goals, potential risk factors

Support in the Community (cont)



- Ongoing skill development and emotional support
- Further development of linkages with community agencies as required

Respond to Exigencies

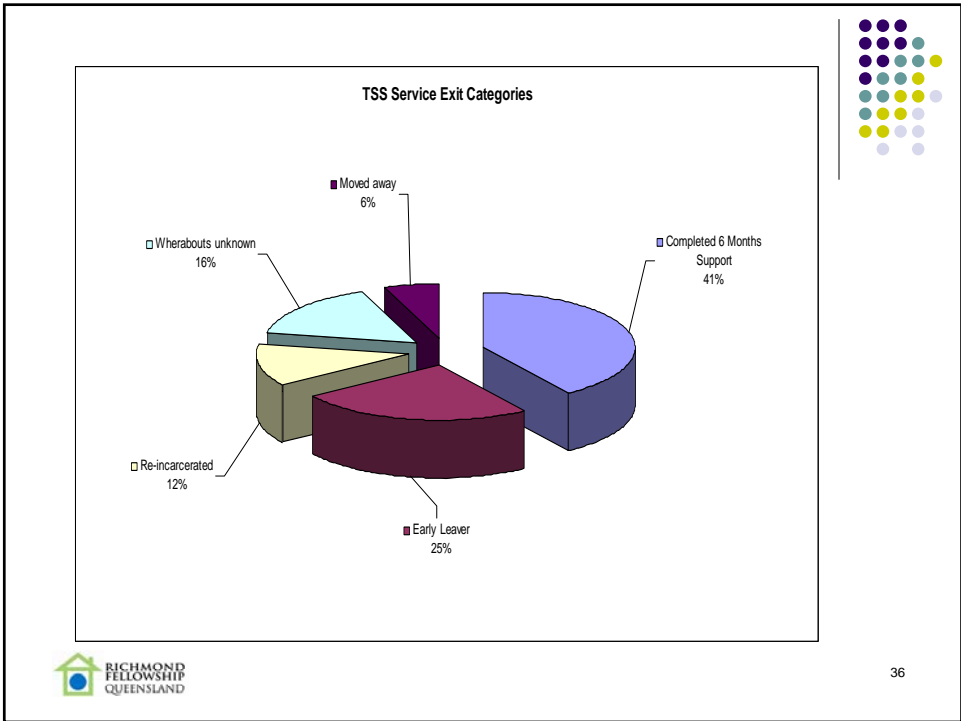
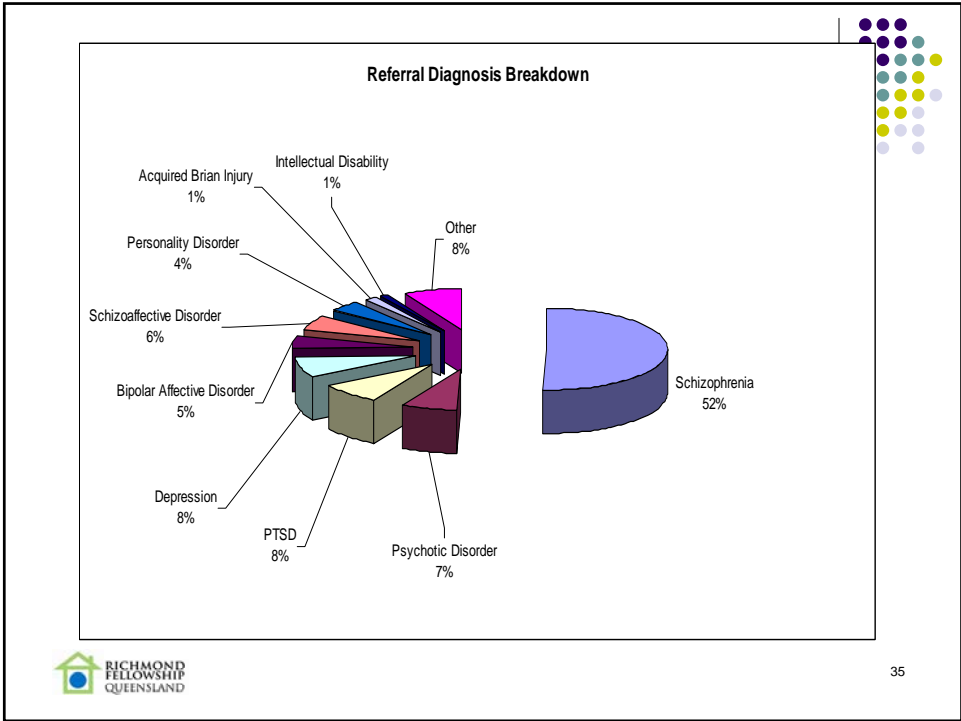


- Ongoing support of goals and activities
- Respond to crisis and exigencies
 - e.g. Client decides to change accommodation or change in support from family, friends etc.
- Provide ongoing emotional support incl. friend/family acceptance issues
- Financial crises
- Alcohol & Drug use issues
- Probation & Parole reporting requirements

Referral Trends



- Average age 33 years
- Most people are single
- No fixed address
- Approx. 70% two or more diagnoses including substance abuse disorder
- Males 80% Females 20%
- ATSI 15%
- 64% Sentenced, 36% remand



Average length of engagement with the TSS



Support Terminated Category	Percentage of Clients	Average days of service
• 6 Months Support	41%	223
• Early Leaver	25%	84
• Whereabouts unknown	16%	92
• Re-incarcerated	12%	64
• Moved Away	6%	72

Areas of client need



- CANFOR 2- 4 weeks post release
- Total needs Average 8.0
- Unmet needs 3.0 met needs 5.0
 - 'Met' Needs
 - 64% Psychotic symptoms
 - 54% Accommodation
 - 39% Psychological Distress
 - 37% Alcohol, Treatment
 - 35% Safety to Others
 - 30% Drugs, Money

Areas of client need (cont)



- CANFOR 2- 4 weeks post release
 - 'unmet' Needs
 - 54% Daytime Activities
 - 25% Drugs
 - 22% Psychological Distress
 - 20% Company
 - 20% Intimate Relationships

Mental Health Problems



- HoNOS 2 -4 weeks post release
 - Average score 10
 - 55% of people scored between 6 and 15
- Top scores (rank order)
 - Problem drinking or drug taking
 - Other mental & behavioral problems
 - Problems with relationships
 - Problems with activities of daily living
 - Problems with depressed mood

Case Example



Caucasian Australian female incarcerated (second time) for fraud in Brisbane Women's Correctional Centre

Health history:

- Schizophrenia
- 'Prejudicial childhood' – neglect, poor parenting
- Decreased Thyroid function

Social history:

- Limited social support network
- Parents deceased - Estranged from sisters
- Primary school education. Some experience as a hairdresser
- Iterant lifestyle

Pre-Release



Referred 18 months before actual release date.

- Illness/ Medication education
- Liaison with formal networks: Lawyers, sentence management and MHS districts
- Brief CBT around problem thinking.
- Illness early warning signs
- Rapport building
- Discussion of mental health follow up
- Needs assessment

Referral process



PMHS referral to RFQ June 2008

- Client consent for referral
- Client completes RFQ Referral form
- PMHS send referral form to RFQ
- RFQ meet with client in correctional centre.
- Support Worker allocated
- PMHS informed of acceptance of referral.

Pre-release



- Explain RFQ service model and philosophy
- Emphasise voluntary nature of service
- Client written consent to Release & Gain information
- Discuss needs and details of support provided
- Begin goal setting and informal planning
- Continue collaboration with PMHS (e.g planning for accommodation etc)

Transition Planning



Release date late December 2009 Court Ordered Parole

- Collaborative planning with client
- 'short term' accommodation identified
- Client happy to stay in this accommodation until better options became available
- She also agreed to be referred to the district mental health service
- Emergency contacts provided

Release Day activities



On the day of her release from BWCC Client was extradited to NSW to face a Magistrates court on other matters

- Released from court in NSW on the day of her trial
- Client organised a bus and promptly returns to Qld
- Client contacts RFQ and returns to previously arranged accommodation
- PMHS confirms initial mental health appointment
- PMHS and RFQ accompany client to G.P appointment

2 ½ months post release



- Client living in a Public Housing accommodation- a one bedroom unit on the esplanade in a Bayside suburb
- Client provided with white goods worth \$1500.00 with non-recurrent funds provided by funder. *Washing Machine, Fridge, TV, DVD, Toaster and Juicer*
- RFQ provides support 2 – 3 times per week and assists client with goal setting and activities planning

6 months post release



- Client now taking responsibility for parole obligations
- Client keeping G.P and MH appointments
- Mental state continues to be stable
- Client has dental needs addressed and is more fashion conscious
- Client commencing TAFE
- Considering renewing contact with sisters

Evaluation



- Formal collaboration between RFQ and Forensic Mental Health Service
- Evaluate the provision of services to people with a mental illness who are leaving prison and moving back into the community
- Inform improvements to the ongoing delivery of coordination and support services to clients being released from custody
- Also inform public mental health policy and funding

Evaluation (cont.)



- Outcome measures (staff completed)
 - K-10
 - LSP- 20
 - CANFOR
 - HoNOS
- Psychosocial indicators- employment status, income source, drug and alcohol treatment, social support.
- Collected on referral, 3 -4 weeks post release, 3 months and 6 months post release.

Challenges & Successes



- Short notice referrals
 - Less than 2 weeks prior to release
 - Possible releases (court hearings, bail)
 - Unknown release dates
 - Parole Applications
- Housing and Accommodation
 - Parole catch 22
 - Suitability/appropriateness
 - Cost
 - Availability
 - Partnerships with Housing Providers

Challenges & Successes (cont)



- Drug & Alcohol issues
 - Approx 70% substance abuse issues
 - Readiness to change
- Post-release party
 - “party’s over now I am ready”
 - Importance of maintaining contact
- Risk Management
 - Referral information
 - Risk Management planning

Challenges & Successes (cont)



- Queensland Corrections
 - Overall very supportive of our program;
 - Different/changing procedures for different centres;
 - Information sharing at times problematic

Challenges & Successes (cont)



- Mental Health
 - Case Manager & DFLO involvement
 - RFQ informal advocacy role
 - Transfer of care to GP (medication issues)
 - District mental health services reluctance to provide services
 - RFQ assists client to present for assessment
 - Importance of a (positive) relationship with PMHS at a range of levels



Contacts



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