

Behind the Wire Engagement

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Correctional Centre Visits:

Number of PAC Consultations – **17**

Number of consumers consulted – **85**

Date	Correctional Centre	No. of PAC meetings
20 th June	Wolston	2
20 th June	Brisbane Men's	2
21 st June	Brisbane Women's	2
25 th June	Townsville Women's	1 combined
25 th June	Townsville Men's	2
28 th June	Maryborough	3
29 th June	Woodford	4
3 rd July	Numinbah	1

Purpose of the consumer consultation?:

- To hear directly from patients and consumers of Offender Health services.
- Gaining a first-hand understanding of what and how health services are provided by HHSs
- The patient/consumer's experience, understanding and expectations of those services
- What they considered to be:
 - working well
 - working not so well, and
 - what changes and improvements could be made to current health service provision.

Consumer Consultation - Outcomes

Many patients commented that staff were mostly there to do the right thing.

There was a realisation in some CC's that staff are under-resourced and are at times 'beaten by the system'.

Acknowledgement there are good nurses who listen and are approachable. They are non-judgmental and don't 'roll their eyes' when someone makes a request.

There was also recognition that good nurses are over-loaded and overworked.

Queensland Health

Queensland Health Offender Health Services Review

A consumer perspective

Health Consumers Queensland were engaged by Queensland Health to provide a consumer perspective on the provision of health services in prisons.

How a consumer's perspective was obtained:
A total of 85 prisoners were consulted in 17 group sessions at seven Queensland Correctional Centre sites. Each session lasted about one hour, during which Prisoner Advisory Committee (PAC) members were given an opportunity as a group to express their views about their experience with offender health services and provide suggestions about what could be done to improve these services. The information provided was not attributed to any individual.



What they said and suggested:

Overall - offender health service staff are generally there to do the right thing but are constrained by a lack of resources due in part to overcrowding, poor infrastructure, and a lack of systems to assist staff to meet the health needs of prisoners.

Five key themes emerged



1. Communication and Culture

- Communication between health staff and prisoners could be improved.
- Health staff should make themselves available to attend Prisoner Advisory Committee meetings as one mechanism to improve communication with the prisoner population.
- Health staff and corrections officers need to treat each other with respect.
- Health staff should not assume that all prisoners are drug seekers. All prisoners' requests for assistance should be considered as genuine in the first instance.



2. Medical Requests - Access to and response

- Provide a timely response to a medical request so that prisoners know what and when something is supposed to happen.
- Be given an opportunity to see a nurse other than just during medication rounds.
- Improve the triaging of appointments.
- Provide more medical staff to deal with the increase in numbers in correctional facilities.
- Increase the clinic operating time to a 24-hours per day service.
- Increasing access to telehealth services may address some service access issues.
- Improve access to allied health services, specifically physiotherapy, podiatry and dietitian services.

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Consumer Consultation - Five key themes:

1. Communication and Culture
2. Medical Requests - Access to and response
3. Medication Management - prescription practices and administration
4. Dental - Access and treatment options
5. Mental Health - Access and treatment options

Queensland Health Offender Health Services Review



3. Medication Management - prescription practices and administration

- Provide an explanation or education on why prescription medication has been denied or ceased.
- Provide the opportunity to obtain a second opinion by another doctor when there is a dispute over medication prescription.
- Provide timely access to pain relief such as paracetamol and ibuprofen; not just at scheduled medication rounds.



4. Dental - Access and treatment options

- Improve access to emergency and general dental services. Providing general dental services may avoid the need for emergency treatment and the removal of teeth due to the delay in treatment.
- Provide access to more healthy foods to support better health outcomes.
- Provide more healthy food options and dental floss on the buy-up list.
- Provide water in drink machines instead of just sugar drinks.
- Facilitate access to external private health care for those with private health insurance or the capacity to pay.



5. Mental Health - Access and treatment options

- The need to share a cell designed for one person is having a significant impact on mental health. This overcrowding is causing an increase in noise levels, more time being locked in a cell with no capacity to be alone. It is resulting in some prisoners becoming introverted, withdrawn or aggressive.
- Prisoners are less likely to raise concerns about their mental health due to the fear of being sent to an observation unit and being isolated.
- Provide better treatment programs and wellness programs aimed at reducing anxiety and stress.
- More access to programs to assist in the transition to release.
- Improved access to the Opioid Substitution Treatment program.

What will be done

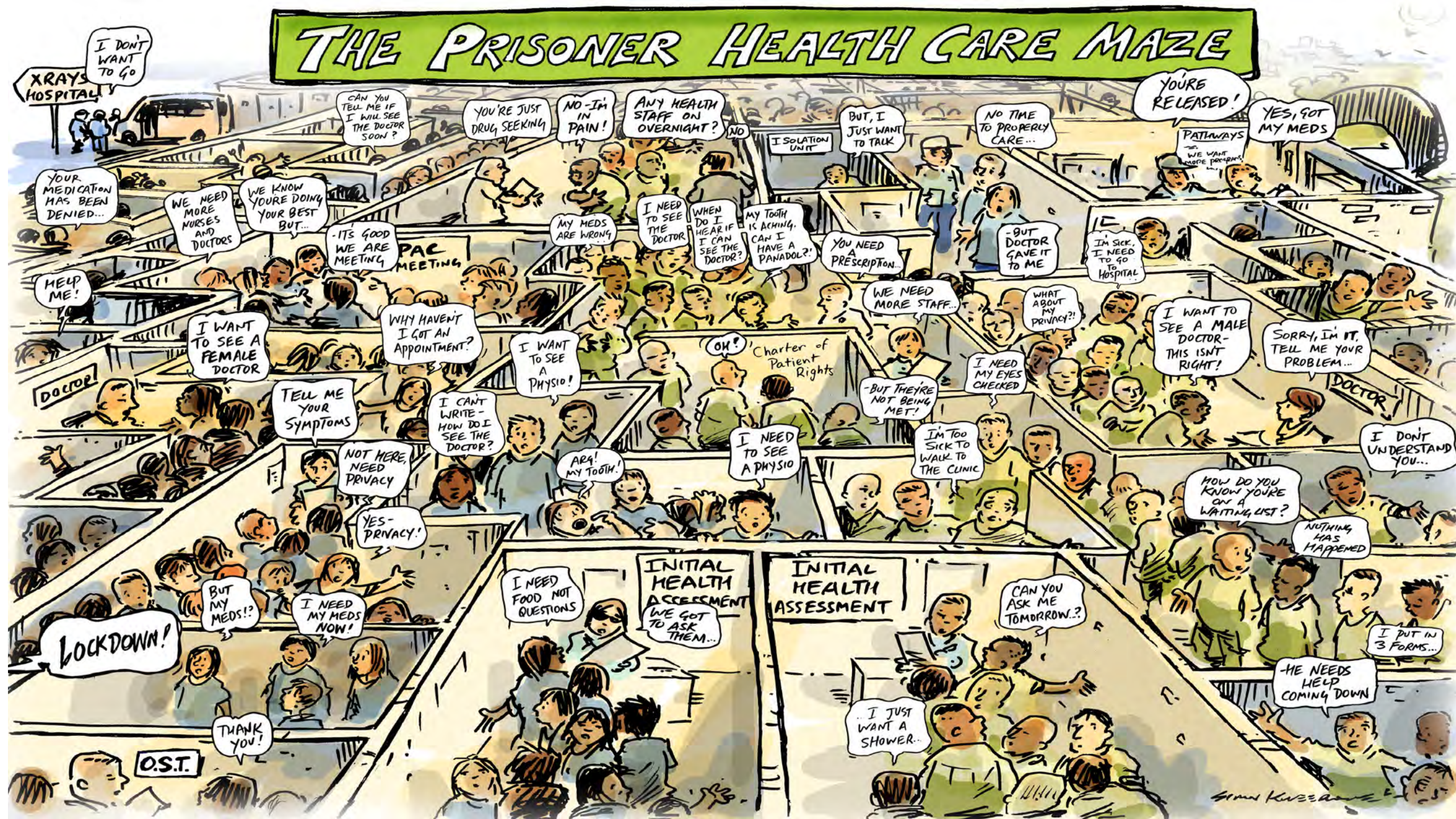
The information provided by the Prisoner Advisory Committees, along with that provided by offender health service staff, will be used to develop a plan to improve the delivery of services.



Health Consumers Queensland is a peak organisation representing the interests of consumers and carers in the state. Its priority focus is on consumer engagement that influences and leads improvements and delivers better health outcomes for all Queenslanders.

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THE PRISONER HEALTH CARE MAZE



Patient Rights – The Nelson Mandela Rules

Health-care services

- Rule 24 1. The provision of health care for prisoners is a State responsibility. Prisoners should enjoy the same standards of health care that are available in the community, and should have access to necessary health-care services free of charge without discrimination on the grounds of their legal status.
- 2. Health-care services should be organized in close relationship to the general public health administration and in a way that ensures continuity of treatment and care, including for HIV, tuberculosis and other infectious diseases, as well as for drug dependence.

“There has got to be feedback from health staff to prisoners. For us every day is the same ‘we have nothing to do but wait’ so simply, communication is important. For example, we finally get called to the medical centre and need to have a blood test but no one told us that we had to fast first so blood tests don’t get taken.”

“Half the men can’t fill in forms. Need a support worker they trust to act as the go-between the men and the medical staff. No record comes back to you to say your medical request has been recorded.”

“No faith in getting things fixed. Lost faith in the Ombudsman. Feel powerless.”

“Health staff treat everyone the same. Think all you want is drugs. No is the first, 2nd and 4th answer to a request for pain medication.”



Is health consumer engagement in prisons any different?

Reflections from the workshop

Jo Sherring, Partnering with Consumers Lead

THE PRISONER HEALTH CARE MAZE

