



2010 ACT Inmate Health Survey Summary results

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1. Foreword

Prison inmates are characterised by disadvantage, with histories of disrupted family and social backgrounds; abuse, neglect and trauma; poor educational attainment and limited employment opportunities; unstable housing; parental incarceration; juvenile detention; dysfunctional relationships and domestic violence; and previous episodes of imprisonment. With such multiple risk factors for poor health, it is hardly surprising that prison inmates are further characterised by physical and mental health far below that enjoyed by the general population.

On 30 June 2010, there were 29,700 prisoners in Australian prisons. Of these prisoners, 203 were inmates in the Australian Capital Territory (ACT) which represents less than one per cent of the nation's prisoners. The ACT's imprisonment rate decreased by 8% between 1999 and 2009 (from 81 to 75 prisoners per 100,000 adults).

In 1996, 2001 and 2008, New South Wales (NSW) Corrections Health Service/Justice Health conducted the Inmate Health Surveys to investigate the health status of the NSW prisoner population. These surveys provide comprehensive descriptions of prisoner health, covering issues such as drug use, bloodborne viruses and other infectious diseases, mental health, the relationship between physical and mental health, cardiovascular disease, Aboriginal and Torres Strait Islander health, intellectual disability, access to health services, smoking, and oral health. Similar but limited surveys have been conducted in Victoria, Queensland and New Zealand.

The 2010 ACT Inmate Health Survey (IHS) was the first survey conducted in the ACT prison, the Alexander Maconochie Centre (AMC). Results from this survey will provide the best available evidence to form a baseline assessment of the health needs of prisoners in the ACT. These results will inform the provision of health services and policy development to ensure that health service delivery in correctional facilities meets the needs of the inmate population.

2. Introduction

The ACT Corrections Health Program is responsible for providing health care to adults and juveniles in the criminal justice system (excluding the ACT Watch-house and community corrections).

The Alexander Maconochie Centre (AMC) is a new prison and remand centre complex commissioned on 30 March 2009 in the Australian Capital Territory.

The centre is designed as a multi-role facility to replace the Belconnen Remand Centre and provides detention facilities so that prisoners who were held in New South Wales facilities may be held locally. The prison caters to all security levels and is designed and will be run in accordance with, ACT Human Rights Standards. The goal is to reform prisoners, so that they can return to a normal life after their sentence is completed.

The prison has a capacity for 300 prisoners. It is organised as a campus, with accommodation cottages around a town square that contains common facilities. There is a health building, admissions building, education building, a library and a visiting centre.

The Alexander Maconochie Centre received its first residents on 30 March 2009, and all ACT prisoners were repatriated from NSW by the end of May 2009.

In July 2007, the ACT Human Rights Commission tabled in the ACT Legislative Assembly, the Human Rights Audit on the Operation of ACT Correctional Facilities under Corrections Legislation. The audit recommended:

“In the period immediately preceding the repatriation of ACT prisoners, funding should be provided to conduct an audit of the medical records of prisoners in the ACT and NSW. This should be followed by a survey of epidemiological health needs of prisoners at the Alexander Maconochie Centre towards the end of its first year of operation, with a view to budgeting adequately for health services at the Alexander Maconochie Centre.”

The 2010 ACT Inmate Health Survey was planned for May 2010. The survey was adapted from the NSW Inmate Health Survey with the aim of providing comparable data and with the view to building on the success of the NSW surveys.

The ACT Inmate Health Survey was conducted by the ACT Corrections Health Program, with assistance from ACT Corrective Services, Justice Health (NSW), the ACT Dental Health Program and Mental Health ACT. The Australian Institute of Aboriginal and Torres Strait Islander Studies and the National Centre for Epidemiology and Population Health (Australian National University) were co-investigators in the survey. ACT Government Health Directorate provided epidemiological advice, data management and statistical support to this survey.

The findings from the 2010 ACT Inmate Health Survey will form a key component in the planning of the prison health system with the aim of improving the health of ACT inmates.

This report presents the main findings of the cross-sectional component of the 2010 ACT Inmate Health Survey drawing from a random sample of 135 participants. Percentages have been calculated based on the number of respondents for each question. Gender breakdown and Aboriginal and Torres Strait Islander status have not been reported due to small numbers of respondents for most questions.

As this was the first survey conducted in the ACT, no comparable data are presented as these present baseline information. National indicators and NSW (2009) survey results have been provided for comparative purposes where possible.

Results focusing on oral health, alcohol and other drugs, disability and mental health status will be presented in subsequent reports.

3. Key findings

3.1. Participation

There were 276 prisoners at the Alexander Maconochie Centre between 1- 25 May 2010.

Table 1: 2010 Inmate Health Survey occupancy, eligibility, invited and respondents, Alexander Maconochie Centre, 1-25 May 2010.

	Occupancy (n)	Eligible (n)	Invited (n)	Respondents (n)	Response rate (%)
	number	number	number	number	per cent
Males					
Indigenous	35	34	17*	21	123*
Non-Indigenous	215	211	167	103	62
Subtotal: males	250	245	184	124	67
Females					
Indigenous	4	4	4	2	50
Non-Indigenous	22	21	14	9	64
Subtotal: females	26	25	18	11	61
TOTALS	276	270	202	135	67
Over 45 years	unknown	unknown	31	21	68

Source: ACT Inmate Health Survey 2010.

Note: * The Inmate Health Survey asked Indigenous status of all respondents. The IHS invitation list was drawn from Department of Justice and Community Safety records, which did not correspond with levels of disclosure of Indigenous status at the time of the IHS. The 123% response rate for Indigenous males is an artefact of the under-reporting of Indigenous identification.

Of the 276 inmates at the Alexander Maconochie Centre during the survey period, 6 prisoners in a pre-release centre (the 'Transitional Release Centre') were excluded from participating as they were unable to access the survey team. Among those being eligible for the survey, 202 were invited and eventually 135 inmates participated in the survey.

The overall participation rate in the survey was 67% (135/202), comprising 8% (11/135) females and 92% (124/135) males. 17% (23/135) of participants were Aboriginal and Torres Strait Islanders. Overall there was an under representation of the total AMC female population (11/25; 44%) and an over representation (23/38; 60%) of the total Alexander Maconochie Centre Aboriginal and Torres Strait Islander population.

Seven participants had taken part in a previous NSW Inmate Health Survey.

3.2. Demographic profile

The median age of participants was 30 years (range 18-78 years) and predominantly male.

The majority of participants were Australian born and nominated English as their main language spoken at home. Of those not born in Australia and who spoke another language other than English at home there was a broad range of countries and languages nominated.

Seventeen per cent of participants identified themselves as Aboriginal and Torres Strait Islander which represents a higher proportion than in the general ACT population. (Refer Table 2).

Table 2: Demographic profile of participants in the Inmate Health Survey, ACT, 2010.

	Number	%	National indicator of prisoners' health(%)*
Age group			
18-24 years	45	33	19
25-34 years	47	35	36
35-44 years	25	19	27
>44 years	18	13	18
Sex			
Males	124	92	93
Females	11	8	7
Country of birth			
Australia	114	84	85
other	21	16	15
Aboriginal and/or Torres Strait Islander			
Total	23	17	26
Inmate status			
Remandees	63	47	#
Sentenced	63	47	#
Appellants	8	6	#
Unknown	1	0	#
Place of residence (12 months)			
ACT	110	82	#
Other	25	18	#
Main language spoken at home			
English	113	84	#
Other	22	16	#

Sources: ACT Inmate Health Survey 2010.

*AIHW. The health of Australia's prisoners 2009, Cat.No. PHE 123, Australian Institute of Health and Welfare, Canberra.

Note: # National health indicators are unavailable for comparative purposes.

3.3. Social determinants

A majority of the participants came from a socially disadvantaged background. Thirty-eight per cent of participants were placed in care before 16 years of age; 19% of participants had either parent incarcerated when he/she was a child (Table 3); 42% of participants had spent some time in juvenile justice when they grew up; 68% of participants were excluded from school; only 47% of participants were employed six months prior to imprisonment: and 6% had never been employed.

In response to the number of biological children a respondent had: 43% did not identify any, 57% identified between one and five children. A total of 218 children were thus identified as being potentially impacted by parental incarceration during the month of May 2010. Given that 135 represents 49% of the survey sampling frame (135/276, the actual number of children in the ACT who have a parent in custody is potentially over 400. (Refer Table 3).

Table 3: Social determinants of inmate participants, ACT, 2010.

	Number	%
Family status		
<i>Single</i>	69	51
<i>De facto</i>	30	22
<i>Regular partner/married</i>	22	16
<i>Separated/divorced</i>	14	10
Family		
<i>Nil children</i>	57	42
<i>1-5 children</i>	72	53
<i>1-5 foster/step children</i>	23	17
Either parent incarcerated when participant was a child	26	19
Ever placed in care before 16 years of age	51	38
Education		
<i>Ever excluded from school</i>	92	68
<i>Time in juvenile detention</i>	57	42
<i>Completed education program in detention</i>	88	65
<i>University, technical or trade qualification</i>	24	18
<i>Highest level of completed education: Year10 or below</i>	91	67
Social capital		
<i>No visits in fortnight prior to the survey</i>	56	41
<i>Placed telephone call in previous fortnight</i>	115	85
Accommodation prior to incarceration		
<i>No accommodation</i>	8	6
<i>Lived with parents or other relatives</i>	31	23
<i>Public housing</i>	33	24
<i>Privately rented home</i>	29	21
<i>Shared home with friends or others</i>	15	11
<i>Private hotel or rooming house / supported accommodation /</i>	12	9
<i>Privately owned home</i>	7	5
Employment		
<i>Employed in 6 months prior to incarceration</i>	63	47
<i>Working while in custody</i>	102	76

Source: ACT Inmate Health Survey 2010.

Note: Denominators are not all the same due to non-responses to some questions.

3.4. Lifestyle

The majority (61%) of participants were classified as overweight according to their measured body mass index (BMI). However, only 25% of the participants perceived themselves being too heavy (Table 4). Interestingly, 21% of the participants perceived themselves being too light, but in reality very few were classified as underweight according to their measured BMI.

Although 43% of participants reported being being less active since incarceration, 67% of the participants had exercise for more than 10 minutes in the week prior to survey. Most (76%) participants were satisfied with food at the Alexander Maconochie Centre with 56% having a piece of fruit and 69% having vegetables once a day. (Refer Table 4).

Table 4: Lifestyle factors of inmates, ACT, 2010.

	Number	%
Healthy weight		
Self-reported being too heavy	34	25
Self-reported being too light	29	21
Self-reported being happy with current weight	67	50
Measured overweight (BMI>25)	82	61
Measured underweight (BMI<20)	6	0.04
Measured normal weight (BMI 20-25)	47	35
Nutrition		
Consumption of a piece of fruit at once a day	76	56
Consumption of vegetables once a day	93	69
Satisfaction with AMC food	102	76
Physical activity		
Exercise for more than 10 mins in previous week	90	67
Less active since incarceration	58	43
Risk factors		
Body tattoo or piercing	102	76

Source: ACT Inmate Health Survey 2010.

Note: BMI: Body Mass Index= body weight in kilogram/ (height in metres)²

3.5. Health conditions

Table 5: Selected health conditions of inmates, ACT, 2010.

	Number	%	National indicator of prisoners' health(%)*
Currently have asthma	42	31	na
Currently have back problems	40	30	
Currently have arthritis	8	6	6
Currently have diabetes	<5	1	3

Sources: ACT Inmate Health Survey 2010.

*AIHW. The health of Australia's prisoners 2009, Cat.No. PHE 123, Australian Institute of Health and Welfare, Canberra.

3.6. Women's health

Table 6: Health of female inmates, ACT, 2010.

	Number	%	National indicator of prisoners' health(%)*
Routine cervical smear in last 2 years	7	64	46
Cervical smear in AMC	5	45	na
At least one pregnancy	11	100	84
Average age of first pregnancy	20 years	-	19 years

Sources: ACT Inmate Health Survey 2010.

AIHW. The health of Australia's prisoners 2009, Cat.No. PHE 123, Australian Institute of Health and Welfare, Canberra.

3.7. Access to health services

The participants reported good access to health services provided at the Alexander Maconochie Centre (AMC). Most participants (59%) recalled being given information on health services on reception to the Centre. About 90% of them attended the Alexander Maconochie Centre health centre prior to the survey; and 76% of the participants thought the service to be good or very good (Table 7). Further, almost all participants (93%) were aware of free testing for bloodborne virus and sexually transmitted infections.

Table 7: Access to health services by inmates, ACT, 2010.

	Number	%
Recall being given information on health services on reception to AMC	79	59
Attended the AMC health centre prior to the survey	121	90
Thought the AMC health services to be good or very good	103	76
Hospital admission in 12 months prior to survey	37	27
Aware of free testing for BBV and STI at AMC	126	93

Source: ACT Inmate Health Survey 2010.

Note: BBV: Bloodborne virus.

STI: Sexually transmitted infections.

3.8. Infectious diseases

Seventy-seven per cent of participants (two responded “don’t know”) had been immunized against influenza. Among those immunized, 67% identified prison as the place of immunization.

Seventy per cent of participants thought that they had been immunized against hepatitis B. Among those immunized, 65% identified prison as the place of immunization.

Of those participants who were tested for hepatitis C antibody (n=132), 48 per cent tested positive. Sixteen participants were hepatitis C PCR positive (note: not all hepatitis C antibody positive individuals were tested for hepatitis C PCR).

In addition, urine samples were screened for chlamydia, gonorrhoea and syphilis. Only one respondent tested positive for chlamydia antigen.

Table 8: Vaccination status and exposure to infectious diseases of inmates, ACT, 2010.

	Number	%
Vaccination status		
Ever received influenza vaccine	102	77
Ever received Hepatitis B vaccine	94	70
Exposure to infectious diseases		
Hepatitis A Antibody	43	32
Hepatitis B Antigen	4	3
Hepatitis B surface Antibody	80	59
Hepatitis C Antibody	64	48
HIV	0	0

Source: ACT Inmate Health Survey 2010.

Note: HIV: Human Immunodeficiency Virus.

Hepatitis C PCR: Polymerase Chain Reaction detects viral antigen in the serum.

3.9. Tobacco smoking, alcohol and other drugs

The average age of initiation of injecting was 18.7 years (ranged from 12-36 years) and 46% of persons who had ever injected drugs were 16 years or younger when they first injected.

Table 9: Tobacco smoking, alcohol and other drugs use by inmates, ACT, 2010.

	Number	%
Tobacco use		
Current smokers	110	85
Over 20 smokes per day ⁽¹⁾	35	32
Commenced smoking while in prison ⁽¹⁾	22	20
Attempted to quit smoking ⁽¹⁾	86	78
Would like to quit smoking ⁽¹⁾	88	80
Share accommodation with a smoker in prison	83	61
Thought tobacco smoking should be allowed in prison	119	88
Alcohol		
Consumed 6 or more drinks on one occasion daily or almost daily ⁽²⁾	41	33
Ever injured as a result of drinking ⁽²⁾	58	47
Consumed alcohol while in prison ⁽²⁾	20	16
Illicit drugs		
Ever used illicit drugs	122	91
Ever injected drugs ⁽³⁾	81	67
Ever accessed community-based needle/syringe programs ⁽⁴⁾	60	74
Currently on methadone maintenance program ⁽⁴⁾	40	53
Under the influence of alcohol/other drugs at time of committing offence that led to imprisonment ⁽⁵⁾	97	79

Source: ACT Inmate Health Survey 2010.

- Note:
- (1) denominator is the total number of current smokers (N=129).
 - (2) denominator is the total number of persons reporting drinking (N=124).
 - (3) denominator is the number of people who responded YES to ever used illicit drugs (N=121).
 - (4) denominator is the total number reported YES to ever injected drugs (N=80).
 - (5) denominator is the number of people who responded (123).

3.10. Mental health

The majority of participants had mental health issues. About 70% of them had a formal psychiatric assessment at some time in their lives. Among those being assessed, 27% were told that they had Attention Deficit Hyperactive Disorder. Further, a notable portion of the participants (40%) had suicidal thoughts. Among those who had suicidal thoughts, 69% of them had attempted suicide. About 62% of the participants had experienced a head injury where they became unconscious.

Table 10: Mental health of inmates, ACT, 2010.

	Number	%
Formal psychiatric assessment at some time	94	70
Ever told they have Attention Deficit Hyperactivity Disorder	25	27 ⁽¹⁾
Ever had suicidal thoughts	54	40
Ever attempted suicide (of those who had ever had suicidal thoughts)	37	69 ⁽²⁾
Ever had a head injury where you became unconscious	84	62
Dependant on alcohol	26 ⁽³⁾	24
Dependant on drug other than alcohol	52 ⁽³⁾	49

Sources: ACT Inmate Health Survey 2010.

AIHW. The health of Australia's prisoners 2009, Cat.No. PHE 123, Australian Institute of Health and Welfare, Canberra.

- Note:
- (1) denominator is the total number of participants who had a formal psychiatric assessment at some time (N=94).
 - (2) denominator is the total number of participants who responded YES to ever had suicidal thoughts (N=54).
 - (3) denominator is the number of people who received psychiatric assessment (N=94).

4. Discussion

The 2010 ACT Inmate Health Survey provides important information to inform policy and practice across a range of sectors – health, justice, education, housing and employment.

Clearly, disadvantage in these areas is over-represented among the inmate population. It is clear that whatever the cause, inability to obtain stable accommodation, ongoing employment and a minimum standard of education are linked to incarceration in the ACT, as in other jurisdictions. Likewise, generational incarceration and contact with the criminal justice system early in life are both over-represented among the ACT 2010 Inmate Health Survey study population.

Health service delivery in custodial settings is influenced by a range of factors, many of which are outside the control of the health service provider. There is an acknowledged need for custodial systems to ensure safety and security of the inmate population. The model of health service delivery to inmates in the ACT involves two separate organisations with responsibility for security (ACT Corrective Services) and health care (ACT Government Health Directorate) respectively. There is growing recognition nationally and internationally that this model provides the best outcomes for patient care.

Ongoing developments in, and improvements to, health service delivery to individuals in custody in the ACT have improved access to treatment in many areas.

A key policy response to this report would be for the health and social sectors to work together with the criminal justice sector to maximise access to patients in custody to ensure re-integration into the community – acknowledging the pre-incarceration deficits in these fields.

Limitations of the 2010 ACT Inmate Health Survey data should be kept in mind when considering the results and implications of this study.

A possible limitation of the study was the duration of the interview. It is possible that participants became fatigued talking for almost an hour. The potential fatigue of the participants could possibly affect their ability to recall and respond, and eventually affect the quality of information captured by the survey. Interviewers were able to 'pause' and subsequently resume a survey if the participant wanted a break, but this facility was rarely requested.

Another limitation of the survey was the small sample size. A small sample meant small numbers for sub-categories of tabulation that made rates or proportions fluctuate.

A further potential limitation was that translation services were not available for non-English speaking inmates so they were not able to be included in the survey. In reality, given the high proportion of English-as-a-first-language speakers, this was not a major issue.

5. Conclusions

Almost all prison inmates are returned to the communities from which they were incarcerated. The clear implications of this fact are that:

- (i) good prisoner health is good public health;
- (ii) good public health will make good use of the opportunities presented by the population held captive in prisons; and
- (iii) prisons can and should contribute to the health of communities by helping to improve the health of some of society's most disadvantaged and marginalised people.

Consistent with these goals, public health advocates can better educate the public on ways in which the needs of prison inmates directly impact on their own needs; and to continue to lobby for the political will, leadership and funding to design and manage prisons in which the risks to health are reduced to a minimum.

The philosophy underlying essential ACT prison functions such as the maintenance of security and 'good order' is to provide a humane atmosphere that recognizes the inherent dignity of every inmate. Health and preventative services should be provided in a manner equivalent to that provided in the community; and a whole-of-prison approach to promoting health and welfare should be the norm.

Meeting the health needs of the inmate population in the ACT constitutes a significant challenge. Prison health care is not only provided in a complex environment but, as the 2010 ACT Inmate Health Survey demonstrates, prison inmates are a complex, high-needs population. However, the correctional environment also provides a unique opportunity to improve the health status of a group who suffer poor health and may have minimal contact with health services in the community.

Importantly, the 2010 ACT Inmate Health Survey provides ACT Government Health Directorate, its key stakeholders and the community, with reliable evidence of the health needs of individuals incarcerated in the ACT. As such, the key findings from this survey provide all agencies and sectors involved in the provision of services to clients in custody with evidence to guide policy and practice.

6. Comparisons between ACT and NSW health survey results

Although the 2010 ACT Inmate Health Survey was developed wherever appropriate to reflect the 2009 NSW Inmate Health Survey methodology, there are some differences which make straight comparisons problematic.

Some questions had different timeframes (e.g. how often did you do physical exercise in the last week/four weeks) or the wording was too different for comparison.

Whilst most questions were similar or identical, the mode of collection was not. NSW used computer assisted telephone interview technology for responses to the questionnaire whereas ACT utilised face-to-face methodology. Making comparisons between the jurisdictional results must therefore be taken with caution. Nevertheless, general trend lines and differences are worthy of note.

Table 11: Selected demographic, health and risk factors, %, ACT 2010 and NSW 2009

	ACT 2010	NSW 2009
Demographics		
Born in Australia	84	81
Aged 18-45 years	86*	71
Aboriginal and/or Torres Strait Islander origin	17*	31
Ever placed in care before 16 years of age	38	30
Either parent incarcerated when inmate was a child	19	18
Employed in the 6 months prior to incarceration	47	47
Highest level of education Year 11 or above	33*	20
Have a disability lasting 6 months or more	33*	47
Health		
Asthma	31	29
Had vaccination for hepatitis B at some stage	70*	53
Hepatitis C antibody	48*	32
Ever had head injury where you became unconscious	63*	49
Lifestyle risk factors		
At least one pregnancy (female inmates) in lifetime	100	82
Overweight/obese (BMI>25)	61	56
Consumption of 1 or more pieces of fruit a day	56	65
Consumption of 1 or more serves of vegetables a day	69*	51
Current smoker	85*	76
Over 20 smokes per day	32	25
Consumed 6 or more alcoholic drinks a day or almost daily in year before incarceration	33	28
Ever used illicit drugs	91*	84
Ever injected drugs	67*	43
Ever accessed community-based needle/syringe program	74	78
Intoxicated (alcohol/other drugs) at time of current offence	79*	61
Ever assessed/ treated by a Dr for mental health/emotional problems	70*	49
Ever had suicidal thoughts	40	33

Sources: 2010 ACT Inmate Health Survey data set

NSW Inmate Health Survey: Key findings report. Justice Health, Sydney, 2010

Note: * refers to a statistically significant difference between ACT and NSW results. Given the differences in administration of the two surveys, these results should be interpreted with caution.

7. Methodology

The methodology for the 2010 ACT Inmate Health Survey was similar to the first two NSW Inmate Health Surveys, which were conducted using face-to-face interviews.

The 2010 ACT Inmate Health Survey was conducted at the Alexander Maconochie Centre between 1 and 25 May 2010. The physical and mental health components of the survey were conducted over 14 days; the oral health examination was carried out on the same day, or a following day.

A stratified random sample of all inmates residing in Alexander Maconochie Centre was selected with oversampling in specific groups. Inmates were selected from a list of residents that was obtained each day before the survey day (e.g. Friday for Monday, Monday for Tuesday etc). Residents were then sequentially numbered. Names were removed from each day's list if the person had already participated in the survey, or if the person had refused to participate on two separate occasions. Each day a hierarchy of potential subjects was compiled using the random number list.

Women, Aboriginal and Torres Strait Islander people, and males over the age of 45 years were identified as three sub-groups that would need to be over-sampled so as to give power to any further analysis. Accordingly, a parallel sampling framework was used; this was opportunistic for anyone in these groups.

Participation in the survey was voluntary and there was no obligation to answer any questions. Participants could withdraw their consent at any time during the interview.

The survey consisted of an introduction to the survey by a registered nurse, obtaining informed consent, recording a number of body measurements, taking blood and urine samples, performing a dental screen, and finally a face-to-face interview using a structured questionnaire.

Interviewers were experienced health personnel. Where possible, an Aboriginal and Torres Strait Islander participant was offered an Aboriginal and Torres Strait Islander interviewer; similarly female participants were offered a female interviewer.

Participants were provided with a comprehensive health check (including any referrals for further healthcare). In contrast to the NSW Inmate Health Surveys, no reimbursement was offered, however participants were not disadvantaged for any interruption to work or program participation. Participants were offered drinks and biscuits throughout the interview.

In calculating the rates depicted in the tables, the denominators are not always the same. This is due to refusal (or inability) of participants to answer certain questions. It should also be noted that percentage totals do not always reach 100% due to rounding of sub-totals. Where less than five persons are nominated in a table, this is usually depicted as '<5' to protect the privacy of inmates.

The ACT Human Research Health Ethics Committee approved the 2010 ACT Inmate Health Survey.

8. Glossary

ACT Inmate Health Survey

The 2010 ACT Inmate Health Survey (IHS) was the first survey conducted in the ACT prison, the Alexander Maconochie Centre (AMC). Results from this survey will provide the best available evidence to form a baseline assessment of the health needs of prisoners in the ACT. These results will inform the provision of health services and policy development to ensure that health service delivery in correctional facilities meet the need of the inmate population.

Alexander Maconochie Centre (AMC).

The Alexander Maconochie Centre (AMC) is a new prison and remand centre complex commissioned on 30 March 2009 in the Australian Capital Territory.

It is designed as a multi-role facility to replace the Belconnen Remand Centre and provides detention facilities so that prisoners who were held in New South Wales facilities may be held locally. The prison caters to all security levels and is designed and will be run in accordance with, ACT Human Rights Standards. The goal is to reform prisoners, so that they can return to a normal life after their sentence is completed.

The prison has a capacity for 300 prisoners. It is organised as a campus, with accommodation cottages around a town square that contains common facilities. There is a health building, admissions building, education building, a library and a visiting centre.

The Alexander Maconochie Centre received its first residents on 30 March 2009, and all ACT prisoners were repatriated from NSW by the end of May 2009.

Inmate status

1. Remandees are adults who have been charged with a crime and refused bail.
2. Sentenced prisoners are those who have been charged with a crime and found guilty by an ACT Court.
3. Appellants are adults charged with a crime, found guilty by an ACT Court, but are appealing the court's decision. Sentence is delayed until the appeal is resolved.

Median age

Median age is the middle value, i.e. 50 per cent of participants are at an older age and 50 per cent at a younger age compared to the median age. The interquartile range represents the age at which 25 per cent of the cases are above and 25 per cent below the median age.

9. References

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