



ACT Detainee Health and Wellbeing Survey 2016

SUMMARY RESULTS



THE UNIVERSITY OF
MELBOURNE

APRIL 2017

[Inside Cover]

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Enquiries about this publication should be directed to the:
Population Health Executive Office
Level 2, 11 Moore St
Canberra ACT 2601
www.health.act.gov.au

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ABBREVIATIONS

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
ACTPAS	ACT Patient Administration System
ADHD	Attention Deficit Hyperactivity Disorder
AMC	Alexander Maconochie Centre
ASRS	ADHD Screening Self-Report Scale
AUDIT	Alcohol Use Disorders Identification Test
BBV	Blood-borne Virus
BMI	Body Mass Index
CIS	Custodial Information System
DASS-21	Depression, Anxiety and Stress Scale – 21 items
DHWS	Detainee Health and Wellbeing Survey
FTND	Fagerström Test for Nicotine Dependence
HASI	Hayes Ability Screening Index
HBcAB	Hepatitis B Core Antibody
HBsAg	Hepatitis B Surface Antigen
HBsAb	Hepatitis B Surface Antibody
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human immunodeficiency virus
IT	Information Technology
NSW	New South Wales
PAM	Patient Activation Measure
PCR	Polymerase Chain Reaction
PID	Prisoner Identification
SD	Standard Deviation
STI	Sexually Transmitted Infection
TAFE	Technical and Further Education
WHO	World Health Organization
WHODAS	World Health Organization Disability Assessment Schedule

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FOREWORD

Prisoners lose their liberty as a court-administered sanction. Their right to health is maintained, and the most effective way to protect this right is to apply the principle of equivalence: that prisoners are entitled to the same quality and scope of health care as their counterparts in the community.

Human rights protect the disempowered, and enhance the safety and culture of the general community and those who choose to work with prisoners.

The ACT Detainee Health and Wellbeing Survey 2016 records the responses of about one-quarter of the detainees residing at the Alexander Maconochie Centre in October 2016. It provides a window into the life experiences of those detainees, their families and the communities from which they have come – and to which they will return.

This report also contains a brief assessment of changes that have been identified in this population, between 2010 and 2016. As with all similar endeavours, improvements in health are noted, as are the needs identified to better improve the health and social welfare of prisoners.

Michael Levy

Clinical Director, ACT Justice Health Service, ACT Health

Jill Guthrie

National Centre for Population Health, Australian National University

EXECUTIVE SUMMARY

The number of adults in corrective services custody across Australia continues to rise (1); however, in 2016 the Australian Capital Territory (ACT) was one of two Australian jurisdictions to show decreases in the number of sentenced prisoners. As at 30 June 2016, 441 adults were incarcerated in the ACT, representing an incarceration rate of 143.6 per 100,000 adult population. Indigenous Australians were incarcerated at a rate 18 times that of their non-Indigenous peers: an increase from 14.5 times in the previous year (1).

Most prisoners in the ACT spend a relatively short time in prison before returning to the community, and around one-third (32%) are unsentenced detainees on remand. Sentenced prisoners in the ACT are expected to serve sentences of 2.9 years (compared with a national average of 3.6 years) and 28% are expected to serve one year or less. Most prisoners (74%) have served previous sentences (1), indicating that recidivism remains normative.

Background

The Alexander Maconochie Centre (AMC) is the sole adult detention centre in the ACT. The centre opened on 30 March 2009 and is regarded as the first human rights compliant prison in Australia. In 1996, 2001 and 2008, New South Wales (NSW) Justice Health implemented an extensive survey of the health issues and needs of the NSW adult prisoner population. A similar study was undertaken at the AMC in 2010 (2) and studies using a similar survey tool have been undertaken with prisoners in Queensland (2008 - 2010) and Western Australia (2014 - 2016).

The ACT Detainee Health and Wellbeing Survey 2016 (ACT DHWS 2016) is based on the premise that good health is more than just the absence of disease. Consequently, the survey covers a wider range of health-related issues and provides greater detail across social determinants, health behaviours, health and wellbeing, risky behaviours, and health service access, than the 2010 survey. The 2016 survey addressed detainees' physical, psychological and sexual health, history of education, employment, accommodation, and overall wellbeing. Evidence indicating that targeted, multi-disciplinary services are required for individuals with intellectual disability, both during their time in prison and during the transition to the community (3, 4), has prompted us to make a key addition over previous surveys, with all participants in the ACT DHWS 2016 being assessed for intellectual disability using the Hayes Ability Screening Index (HASI) (5). ACT Health records were also examined for selected health indicators and for prior prison history, which contributes to an overall picture of the individual's health in relation to his or her circumstances.

Methodology

Participants for the ACT DHWS 2016 were selected from the detainee muster on 30 September 2016. Survey representativeness was not achieved and therefore the proportions presented in this report may not represent the prevalence of health-related outcomes in the broader AMC detainee population. Due to time and resource constraints,

recruitment was limited to 98 individuals. All women were approached to participate and Indigenous Australians were over-sampled in the survey design to improve estimates for these populations. Throughout this report, key findings are disaggregated by Indigenous status, where appropriate.

Recruitment occurred during the month of October 2016. In addition to the survey questions administered at time of interview, data from prison health and administrative records were extracted. The survey was administered face-to-face by trained interviewers using security-approved electronic tablets.

Key findings

Most participants were male (84%) and aged 25 to 44 years (68%). One-third (33%) of participants were identified as Aboriginal and/or Torres Strait Islander.

Social determinants

- Over two-thirds of respondents (68%) reported a previous incarceration episode in the ACT.
- Approximately one in five respondents (21%) reported unstable accommodation in the four weeks prior to their current incarceration.
- Although the mean number of years of schooling reported by respondents was fewer than 10 years, approximately two-thirds (65%) reported that they had completed some form of additional educational qualification. Half (51%) had completed education/training during their current or a previous incarceration episode.
- 55% were unemployed in the six months prior to their current incarceration. 53% held a job during their current incarceration.
- Most respondents (71%) reported having children; these respondents typically reported being worried about the welfare of their child (76%) and nearly all reported that they were upset about being apart from their children (97%).
- 24% reported a history of being removed from their family before the age of 18 years.
- 22% reported a history of parental incarceration during their own childhood.

Health and wellbeing

- The mean body mass index (BMI) for respondents was 26, which is in the overweight range. However, nearly half of respondents (48%) self-reported their current weight to be 'normal'.

- The most prevalent physical health conditions currently experienced included tooth decay (41%), back problems (34%), and chronic pain (33%).
- 28% of respondents screened positive for an intellectual disability using the HASI.
- Half (52%) of respondents reported ever experiencing head injuries that caused a loss of consciousness or black-out.

Mental health and wellbeing

- The most prevalent mental disorders respondents reported currently experiencing included depression (30%), anxiety disorder (22%), and substance use disorder (16%).
- Among those diagnosed with a mental illness, 63% reported that they had been receiving treatment in the community; 74% reported that they had been receiving treatment in prison.
- Around one-third of respondents (35%) reported ever attempting suicide.

Health behaviours

- Few respondents (5%) reported eating the recommended daily serve of vegetables.
- 42% indicated that they consumed cordial and/or fizzy soft drinks daily.
- Most respondents (78%) reported walking for sport, recreation or fitness in the fortnight prior to the survey.
- Over one-third (35%) reported experiencing sunburn in the past 12 months.

Risky behaviours

- 36% of respondents reported engaging in harmful or likely dependent alcohol use in the 12 months prior to their current incarceration.
- 79% reported smoking tobacco in the 12 months prior to their current incarceration; 67% indicated that they would like to quit smoking.
- In the year prior to their current incarceration, the most frequently used illicit drug among respondents was methamphetamine/amphetamine (63%); followed by cannabis (50%) and heroin (34%).
- Approximately one in five respondents (19%) reported injecting any drugs in prison during their current incarceration.
- Most respondents (78%) were aware that they could access bleach at the AMC.

Health services

- The most frequently reported health service last accessed prior to incarceration was a General Practitioner (73%).
- Eleven Indigenous respondents reported accessing Aboriginal Health Services in prison. Of those, most (73%) rated the services provided at the AMC health centre as 'good' or 'excellent'¹.

Conclusions

The ACT DHWS 2016 provides evidence about the health and health-related needs of individuals incarcerated in the ACT. A greater understanding of how education, employment, accommodation, and family relationships impact on health and wellbeing will provide valuable insights regarding the complex healthcare needs of this population and associated healthcare planning.

¹ No designated Aboriginal Health Services have been conducted at AMC since September 2011.

INTRODUCTION

The ACT Justice Health Program, in collaboration with NSW Justice Health, previously conducted Inmate Health Surveys in NSW in 1996, 2001 and 2008, and undertook a similar Inmate Health Survey in the ACT in 2010, which was the first survey conducted in the ACT prison, the AMC. These surveys have been acknowledged as among the most comprehensive assessments of prisoners' health in the world.

The ACT DHWS 2016 was funded and facilitated by ACT Health and undertaken by researchers from The University of Melbourne. A similar approach to the ACT Inmate Health Survey 2010 was adopted to ensure comparability between data arising out of the two surveys. However, substantial improvements were made to the 2010 survey instrument, to capture a broader understanding of health-related experiences among respondents.

The aims of the ACT DHWS 2016 were to:

- Rigorously assess the physical and mental health status of detainees at the AMC;
- Understand patterns of health service utilisation and treatment needs in this population; and
- Inform continuous improvement of services in custody and during the transition back to community.

This report presents the key findings of the survey. These findings contribute evidence to inform assessment of the health needs of adult detainees 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 detainee population.

Commissioned on 30 March 2009, the AMC is the only adult prison and remand centre complex in the ACT. The AMC received its first detainees on 30 March 2009, and all ACT prisoners were repatriated from NSW by the end of May 2009. It was designed as a multi-role facility to replace the Belconnen Remand Centre and to provide detention facilities so that prisoners who were held in NSW facilities could be held locally. The prison caters to all security levels and was designed – and is 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 now has a capacity for over 500 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.

METHODS

As at 30 June 2016, the ACT prisoner population was predominantly male, non-Indigenous individuals serving sentences, with a history of previous incarceration (Table i).

Table 1. ACT prisoner population characteristics

	%
Sex	
Male	93.7
Female	7.0
Indigenous status	
Aboriginal and/or Torres Strait Islander	23.8
Non-Indigenous	74.4
Unknown	2.0
Legal status	
Sentenced	68.5
Unsentenced	31.5
Prior imprisonment status	
Prior imprisonment	73.5
No prior imprisonment	25.6

Source: Australian Bureau of Statistics (ABS). Australia's Prisoners 2016 4517.0 (1). Due to rounding, percentages may not sum to 100%.

Sampling and recruitment

We aimed to apply a modified cluster-sampling method adapted and utilised by the World Health Organization (WHO). Detainee muster on 30 September 2016 was used to generate a list of all prisoners at the AMC. The target sample size was 210 individuals and, based on previous research, we expected a recruitment fraction of approximately 50%. Given that the daily muster at the AMC at the time of data collection was approximately 420 individuals, we expected that in practice this would necessitate approaching all detainees at the AMC. For operational reasons and due to a combination of resource limitations, time constraints, and a lower than expected recruitment fraction, the final sample size was considerably smaller (see Key Findings).

Throughout data collection, no identifying information was made available to members of staff not employed at the AMC. Participants were identified by their Prisoner Identification (PID) number only (which was linked to an ACT Patient Administration System (ACTPAS) number for consenting participants), thus protecting confidentiality while retaining scope for future data linkage work, subject to appropriate approvals. In-principle approval to access Custodial Information System (CIS) records was provided by the AMC's General Manager of Operations in May 2016.

Ethics approval

Ethical approval to conduct this study was provided by ACT Health (Approval ETH.16.6.109).

Procedures

Security awareness training was conducted with all interviewers on 29 September 2016. Recruitment occurred during the month of October 2016. In addition to the survey questions administered at the time of interview, data from prison health and administrative records related to key health-related issues were extracted at the end of the recruitment period. The survey was administered face-to-face by trained interviewers using security-approved electronic tablets, which were stored securely on AMC premises.

Five research interviewers, employed by ACT Health and trained by an experienced member of the research team, introduced the study to each potential participant and sought informed consent. The interviewer described the kinds of topics to be covered – for example, physical and mental health, wellbeing, family relationships, education, and employment. The interviewer also explained that participation was entirely voluntary and that the potential participant could withdraw from the study at any point, for any reason, without impacting their treatment or any services they received. It was reiterated that all information would be kept confidential and would be stored in de-identified form.

Once all questions about survey participation were answered to the participant's satisfaction, and if they consented to participate, the survey was then administered in private interview rooms within the AMC. After the participant answered all survey questions, they were asked if they were comfortable with the interviewer taking physical measurements, specifically weight, waist and hip circumference, and blood pressure. If so, the interviewer measured these using standard instruments.

When the survey was complete, the participant was thanked for their time and escorted back to their normal quarters by a Custodial Officer. Administrative records for consenting participants were accessed after the recruitment period.

Measures

The ACT DHWS 2016 had several sections; topics covered include demographics, education, employment, accommodation, family relationships, social circumstances, and detailed sections on physical and mental health, substance use and dependence, and wellbeing. Where validated survey instruments were used to collect data, these instruments are described in the corresponding section in Key Findings.

In addition to these self-report measures, the participants' health and correctional records were accessed through the ACTPAS and the CIS to obtain pathology, pharmacy, prison health service use, and custodial records.

Physical health examination

Research interviewers, trained in the survey methodology, measured the following during interview, using standard instruments:

- Weight (kilograms);
- Waist and hip measurements (centimetres); and
- Blood pressure (mmHG).

Administrative health records

Research interviewers recorded the following information from each participant's most recent pathology results after the interview was completed:

- Blood glucose level (mmol/L);
- Liver function;
- Cholesterol;
- Measles immunity;
- Last recorded hepatitis B (HBV) test result – (HBsAG, anti-HBs, anti-HBc, HBV immune response);
- Last recorded hepatitis C (HCV) test result – (HCV antibody, polymerase chain reaction (PCR), viral load);
- Last recorded human immunodeficiency virus (HIV) test result;
- Last recorded syphilis test result;
- Last recorded chlamydia test result;
- Last recorded gonorrhoea test result; and
- Last recorded varicella zoster virus test result.

For women, last recorded pregnancy result was recorded, if applicable.

Other information obtained from CIS included:

- Height (centimetres);
- Weight (kilograms);
- Juvenile justice history;
- Adult prison episodes; and
- Status of current incarceration.

Relevant definitions

In the interests of clarity, we define some key terms used throughout the report:

- *Indigenous status.* Indigenous status was primarily determined by self-report; however, where self-report was missing, Indigenous status was sourced from ACTPAS records where available.
- *Detainee 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% of participants are at an older age and 50% at a younger age compared to the median age). The interquartile range represents the age at which 25% of the cases are above and 25% below the median age.

- *Self-harm.* In the ACT DHWS 2016, all participants were asked: “Other than any suicide attempts discussed above, have you ever deliberately hurt yourself or done anything that you knew might have harmed you or even killed you?”. Self-harm is defined as: “an act with a non-fatal outcome in which an individual deliberately initiates behaviour (such as self-cutting), or ingests a toxic substance or object, with the intention of causing harm to themselves” (6). We extended this definition to also include intentional poisoning with any licit substance.

Data entry, cleaning and analysis

Analysis and reporting of findings was conducted in an ethical, sensitive, and appropriate manner, respecting the privacy and confidentiality of participants. Summary tables were produced and descriptive statistics were calculated for all outcomes of interest. All relevant data are presented in an aggregated form. Table ambiguity by standard cell suppression (cells $n < 5$) was employed to ensure data anonymisation in the case of rare characteristics.

Due to missing values, the denominator may vary in tables and figures where multiples responses were permitted. Similarly, valid sample sizes for single response questions may vary (from 82 to 98) due to missing values.

KEY FINDINGS

1. Demographic profile

Over half of respondents (58%) were sentenced at the time of the survey, and 40% were on remand (Table 1.1.1).

The age distribution of the survey participants included 15% aged from 18 to 24 years; large proportions of respondents were aged 25 to 34 years (39%) and 35 to 44 years (29%) (Table 1.1.1). The median age of participants was 36 years (range 18 to 75). The median age of Indigenous respondents was younger (31 (18 to 51) years) than that of non-Indigenous respondents (38 (19 to 75) years). The survey respondents were predominantly (84%) male.

Most respondents (94%) self-reported their sexual identity as heterosexual. Over half of respondents (59%) reported being single and 32% reported being in a stable, partnered relationship (Table 1.1.1).

Table 1.1.1 ACT DHWS 2016 participant demographic characteristics

	Non-Indigenous		Indigenous		Total	
	n	%	n	%	n	%
Status of current incarceration (CIS)						
Sentenced	37	57	19	59	56	58
Remand	27	42	12	38	39	40
Other	<5	--	<5	--	<5	--
Age group						
18 - 24 years	<5	--	10	33	14	15
25 - 34 years	24	39	11	37	35	39
35 - 44 years	20	33	6	20	26	29
45 - 54 years	6	10	<5	--	9	10
≥55 years	7	12	0	0	7	7
Sexual identity						
Heterosexual	61	94	30	94	91	94
Bisexual	<5	--	<5	--	5	5
Transgender	<5	--	0	0	<5	--
Legal marital status						
Married/ <i>de facto</i> / Stable	20	20	10	32	30	32
Single	37	57	20	65	57	59
Widowed / Separated / Divorced / Other	8	12	<5	--	9	9

Table 1.1.2 Aboriginal and/or Torres Strait Islander status, according to gender

	Male		Female		Transgender		Total	
	n	%	n	%	n	%	n	%
Indigenous	27	85	6	14	<5	--	34	35
Non-Indigenous	55	14	9	18	0	0	64	65
Total	82	84	15	15	<5	--	98	100

There was good but imperfect agreement between self-report and CIS records with respect to Indigenous status. Three participants who self-identified as Indigenous were recorded as non-Indigenous in CIS; six individuals who self-identified as non-Indigenous were recorded as Indigenous in CIS (Table 1.1.3).

Table 1.1.3 Aboriginal and/or Torres Strait Islander status, according to CIS records and self-report

CIS records n (%)	Self-report n (%)		
	Indigenous	Non-Indigenous	Total
Indigenous	26 (27)	6 (6)	32 (33)
Non-Indigenous	3 (3)	63 (64)	66 (67)
Total	29 (30)	69 (70)	98 (100)

Most respondents (88%) were born in Australia. Countries of birth outside of Australia included Afghanistan, Canada, Germany, Italy, New Zealand, South Korea, Sri Lanka, Sudan, the UK, and the USA. Consistent with predominantly Australian-born respondents, all respondents reported currently speaking English at home (Table 1.1.4). Other languages spoken during childhood included Croatian, Italian, Maori, Samoan, and Tongan.

Table 1.1.4 Language spoken at home, growing up and currently

	Growing up		Currently	
	n	%	n	%
English	92	95	97	100
Other	5	5	0	0
Total	97	100	97	100

2. Social determinants of health

Socioeconomic factors and social determinants that may affect the health of detainees include incarceration history, education, employment, accommodation, childhood experiences, and family circumstances.

2.1 Prison history

According to CIS records, the majority of respondents (68%) had experienced one or more previous prison episodes in the ACT. Fewer respondents (47%) had a previous prison episode in another jurisdiction (Table 2.1.1).

Table 2.1.1 Previous prison episodes, according to CIS records

<i>(multiple responses)</i>	Non-Indigenous		Indigenous		Total	
	n	%	n	%	n	%
Previous prison episode in ACT	37	58	28	88	65	68
Previous prison episode in other jurisdiction	23	43	14	54	37	47

The median age of first adult incarceration reported by respondents was 23 years (range 18 to 75). Indigenous respondents reported a younger median age of first adult incarceration compared with non-Indigenous respondents (18 years vs. 26 years, respectively).

Respondents with a history of juvenile detention reported being in juvenile detention on a median of 4 occasions (range 1 to 50). Non-Indigenous respondents reported slightly more episodes of juvenile detention compared with Indigenous respondents (median of 4.5 vs. 4.0 occasions, respectively). In the ACT, Bimberi Youth Justice Centre was established in 2006; prior to 2006 Quamby Youth Detention Centre was in operation. One-quarter (25%) of non-Indigenous respondents indicated that had ever experienced custody in Bimberi or Quamby, compared with 61% of Indigenous respondents.

Nearly three-quarters of respondents (73%) reported that they had ever been a victim of crime; over half (56%) were a victim of person-based crimes and 37% of property-based crimes (Table 2.1.2).

Table 2.1.2 Ever been a victim of crime, by type of crime

<i>(multiple responses)</i>	Non-Indigenous		Indigenous		Total	
	n	%	n	%	n	%
Person-based	38	59	16	50	54	56
Property-based	29	45	6	19	35	37
Other	<5	--	0	0	<5	--

2.2 Accommodation

Approximately one in five of respondents (21%) reported unstable accommodation in the four weeks prior to their current incarceration (Table 2.2.1).

Table 2.2.1 Usual form of accommodation in the four weeks prior to current incarceration

	Non-Indigenous		Indigenous		Total	
	n	%	n	%	n	%
No fixed address / homeless / shelter	11	17	9	28	20	21
Public housing	18	28	8	25	26	27
Own / parents / rented house / flat alone / with others	28	43	11	34	39	40
Hostel / temporary / other	8	12	<5	--	12	12
Total	65	100	32	100	97	100

The most frequently reported 'people lived with in the four weeks prior to current incarceration' included partner/spouse/*de facto* (35%); dependent children (14%) and non-related adults (14%); 30% of respondents reported they had lived alone during this period (Table 2.2.2).

Table 2.2.2 People lived with in the four weeks prior to current incarceration

<i>(multiple responses)</i>	Non-Indigenous		Indigenous		Total	
	n	%	n	%	n	%
Alone	20	31	9	28	29	30
Partner / Spouse / <i>de facto</i>	19	29	15	47	34	35
Dependent children	9	14	5	16	14	14
Parent(s)	<5	--	<5	--	7	7
Other related adults	6	9	<5	--	9	9
Non-related adults	10	15	4	13	14	14
Other	5	8	<5	--	7	7

2.3 Education

Respondents indicated that they had spent fewer than 10 years (mean (\pm standard deviation (SD)) 9.6 years (\pm 1.7) (range 5 to 12 years) at school. Indigenous respondents left school at a mean age of 14.3 years (\pm 1.4); non-Indigenous respondents left school at a mean age of 15.7 years (\pm 1.8). Among all respondents, the mean age at which they left school was 15.3 years (\pm 1.8).

Approximately two-thirds of respondents (65%) indicated that they had completed some form of additional educational qualification (including a school certificate) since leaving school. Qualifications included construction apprenticeships and courses, hospitality training, occupational health and safety certificates, and Certificate III courses.

Among those who reported completing a qualification (n=61), the highest educational qualification most frequently reported was a certificate from a Technical and Further Education (TAFE) provider or an apprenticeship (74%) (Table 2.3.1). Other responses relating to highest education qualification included first aid, food health and safety, and horticulture certificates.

Table 2.3.1 Highest educational qualification, among respondents who indicated that they had completed a qualification (n=61)

	Non-Indigenous		Indigenous		Total	
	n	%	n	%	n	%
Graduate diploma / certificate	<5	--	0	0	<5	--
Bachelor degree	<5	--	0	0	<5	--
Advanced diploma / diploma	<5	--	<5	--	5	8
Certificate (e.g., TAFE)	29	71	16	80	45	74
Other education	<5	--	<5	--	5	8
Total	41	100	20	100	61	100

Respondents reported having attended on average approximately five (mean 5.2 ±4.5) schools in their lifetime. Nearly two-thirds of respondents (64%) reported that they had never been expelled from school. Of those who reported being expelled, the first expulsion occurred at a mean age of 12.3 years (±3.3).

Half of respondents (51%) indicated that they had completed an education/training course during a period of incarceration, either current or previous. Far fewer (11%) had completed education or training in the six months prior to their current incarceration (Table 2.3.2). Education and/or training courses included personal development courses, first aid, occupational health and safety, business and Information Technology (IT) courses, and apprenticeships.

Table 2.3.2 Completed education/training courses in the six months prior to current incarceration and during any episode of incarceration

	Non-Indigenous		Indigenous		Total	
	n	%	n	%	n	%
<i>(multiple responses)</i>						
In 6 months prior to current incarceration	8	12	<5	--	11	11
During incarceration (current / previous)	30	46	19	59	49	51

Many respondents (67%) who completed education and/or training during a prison episode reported completing a certificate-level qualification (e.g., TAFE) (Table 2.3.3). Other education included first aid certificate and mental health training.

Table 2.3.3 Highest qualification in prison ever, among respondents who completed education/training during incarceration (n=48)

	Non-indigenous		Indigenous		Total	
	n	%	n	%	n	%
Graduate diploma / certificate	<5	--	0	0	<5	--
Bachelor degree	<5	--	0	0	<5	--
Certificate (e.g., TAFE)	19	63	13	72	32	67
Other education	8	27	5	28	13	27
Total	30	63	18	37	48	100

Over one-quarter of respondents (28%) indicated that they had attended courses to improve reading, writing, and/or maths in the past six months in the AMC. Over half (53%) indicated that they would like to improve these skills during their incarceration.

2.4 Employment

Most respondents (83%) indicated that they had held some form of employment some time prior to their current incarceration and 44% reported employment in the six months prior to prison. Among those who were employed, most (63%) indicated that they were employed on a full-time basis. A range of occupations was reported by respondents, including community and personal service, technician and trade, and professional positions. Among those who reported being employed, the median time of continuous employment was two years (range <1 to 47). Approximately half of respondents (54%) indicated that they held a job during their current incarceration (Table 2.4.1).

Table 2.4.1 Employment in six months prior to, and during incarceration

<i>(multiple responses)</i>	Non-Indigenous		Indigenous		Total	
	n	%	n	%	n	%
Employed in six months prior to incarceration	31	48	12	37	43	44
Have a job during current incarceration	33	51	19	59	52	54

Among those who reported unemployment in the six months prior to incarceration (55%), median time of continuous unemployment was 2.2 years (range <1 to 18). Approximately one-third (30%) of respondents who were unemployed reported that they were 'looking for work' or holding a pension (30%). A further 28% listed 'criminal activity' as their primary activity during their unemployment (Table 2.4.2).

Table 2.4.2 Job-seeking status in the six months prior to current incarceration, among those who reported unemployment (n=54)

	Non-Indigenous		Indigenous		Total	
	n	%	n	%	n	%
Looking for work	8	24	8	40	16	30
Not looking for work	<5	--	<5	--	5	9
Pension	10	29	6	30	16	30
Home duties	<5	--	0	0	<5	--
Criminal activity	11	32	<5	--	15	28
Other	<5	--	0	0	<5	--
Total	34	100	20	100	54	100

2.5 Childhood

Respondents were asked who their primary carer was during childhood. The most frequently responses were mother (79%), father (39%), foster parent (21%), and grandparent (19%) (Table 2.5.1).

Table 2.5.1 Primary carer during childhood

<i>(multiple responses)</i>	Non-Indigenous		Indigenous		Total	
	n	%	n	%	n	%
Mother	55	85	22	69	77	79
Father	28	43	10	31	38	39
Grandparent	13	20	5	16	18	19
Step-parent	7	11	<5	--	8	8
Foster parent	11	17	9	28	20	21
Aunt or uncle	5	8	5	16	10	10
Other	8	12	<5	--	11	11

Approximately one in five respondents (22%) reported that one or both parents had been imprisoned during their childhood; 16% of respondents reported that their father had been incarcerated (Table 2.5.2).

Table 2.5.2 Parent(s) ever imprisoned during childhood

	Non-Indigenous		Indigenous		Total	
	n	%	n	%	n	%
No	58	91	16	52	74	78
Mother only	<5	--	<5	--	<5	--
Father only	5	8	11	35	16	16
Both parents	<5	--	<5	--	<5	--

Removal from family during childhood

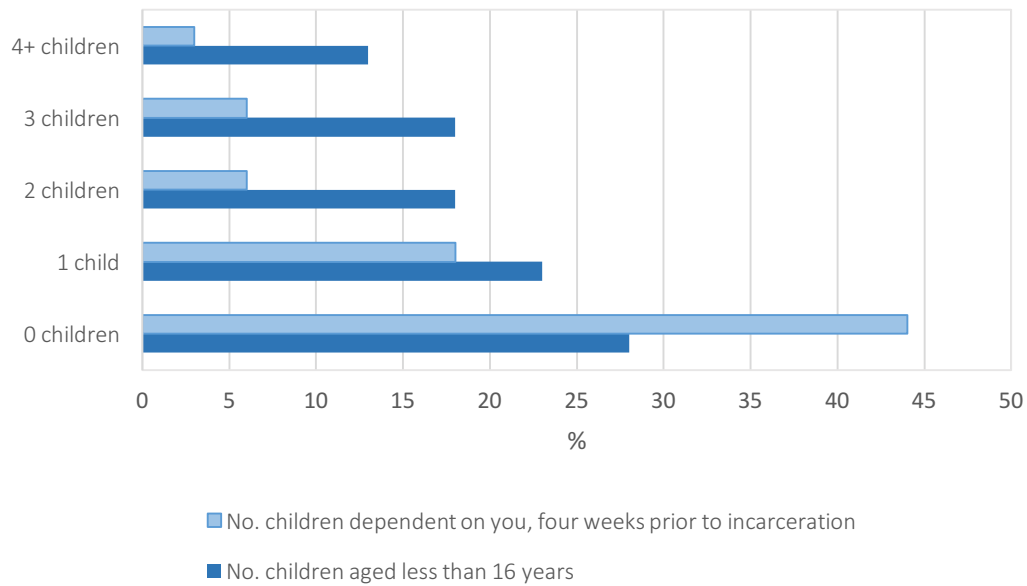
Twenty-three respondents (24%) reported that they had been removed from their family for one month or more. Sixty percent of these respondents reported that they had been placed in institutions; and few reported placements with other family members². The mean age of first removal from family for a month or more was 5.6 years (range <1 to 15). Respondents were removed from their family for a month or more on average three times (mean 3.1; range 1 to 10). The mean total length of time spent away from family was 6.5 years (± 3.6). Among those removed from their families, most (77%) reported that they were later reunited with their families.

2.6 Family

Most respondents (71%) reported that they had children (Figure 2.6.1). In addition, 33% of respondents reported that adults (>18 years) had also been dependent on them in the four weeks prior to incarceration.

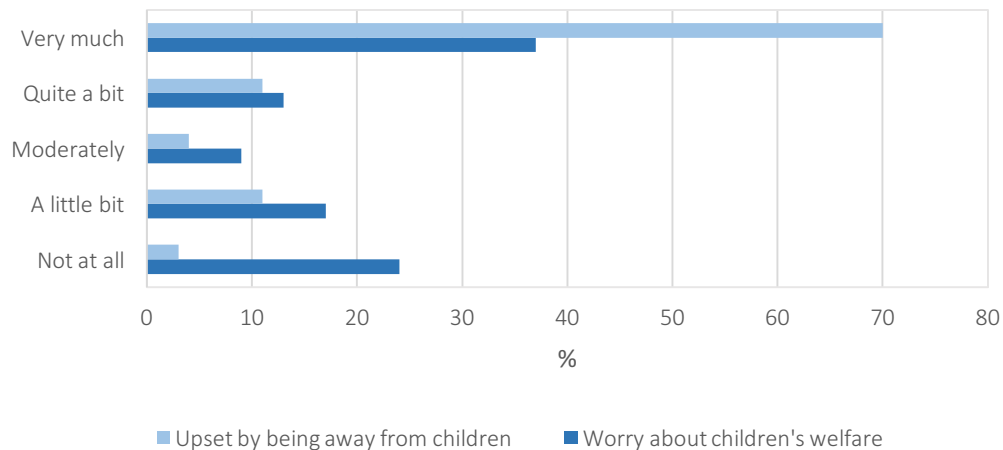
² Consistent with ethical requirements, we do not report n when responses were <5.

Figure 2.6.1 Percentage of participants with children aged under 16 years, and with children dependent on them in the four weeks prior to incarceration



Many respondents (76%) reported being worried about the welfare of their children and most (97%) were upset about being apart from their children (Figure 2.6.2).

Figure 2.6.2 Worry about children’s welfare and upset about being away from children, among those with children (n=70)



Among respondents with children, the majority (60%) reported that the other parent was looking after their children at the time of the survey; 17% reported that extended family, including grandparents, were caring for their children (Table 2.6.1).

Table 2.6.1 Who is looking after your children now, among those with children (n=70)

<i>(multiple responses)</i>	Non-Indigenous		Indigenous		Total	
	n	%	n	%	n	%
Other parent	24	55	18	69	42	60
Extended family including grandparents	5	11	7	27	12	17
Foster care	<5	--	<5	--	7	10
Independent children of yours	<5	--	0	0	15	21
Other	<5	--	0	0	<5	--

Overall, approximately two-thirds (68%) of respondents reported receiving a visit from a family member, friend and/or elder during the past four weeks in custody. A greater proportion of non-Indigenous respondents reported social visits in the past four weeks compared to their Indigenous counterparts (71% versus 63%). Among those who received these visits in the past four weeks, the median number of visits was 3 (range 1 to 16). Similarly, two-thirds (67%) of respondents reported that they had contact with a family member, friend and/or elder by phone, email and/or letter in the past four weeks. In contrast to in-person visits, a greater proportion of Indigenous respondents reported contact with family, friends or elders compared their non-Indigenous counterparts (75% versus 63%). Among respondents who reported contact with family, friends or elders in custody, the median number of contacts reported was 5 (range 1 to 129).

Respondents were asked whether they had been the victim of partner or spouse abuse in the 12 months prior to incarceration (Table 2.6.2). Given the potential distress caused by answering questions about experiences of being a victim of partner or spousal abuse, it was emphasised to participants that they did not have to respond to these questions. Women (13%) were significantly more likely than men (2%) to report that their 'spouse or partner forced unwanted sexual activities' in the 12 months before incarceration ($p = 0.05$).

Table 2.6.2 Victim of partner/spouse abuse in the 12 months prior to current incarceration

<i>(multiple responses)</i>	Non-Indigenous		Indigenous		Total	
	n	%	n	%	n	%
Physically hurt	9	14	7	22	16	17
Force unwanted sexual activities	<5	--	<5	--	<5	--
Limit contact with family or friends	12	19	11	34	23	24
Verbally abuse	24	37	14	44	38	39
Stop you knowing about or having access to money	11	17	7	22	18	19

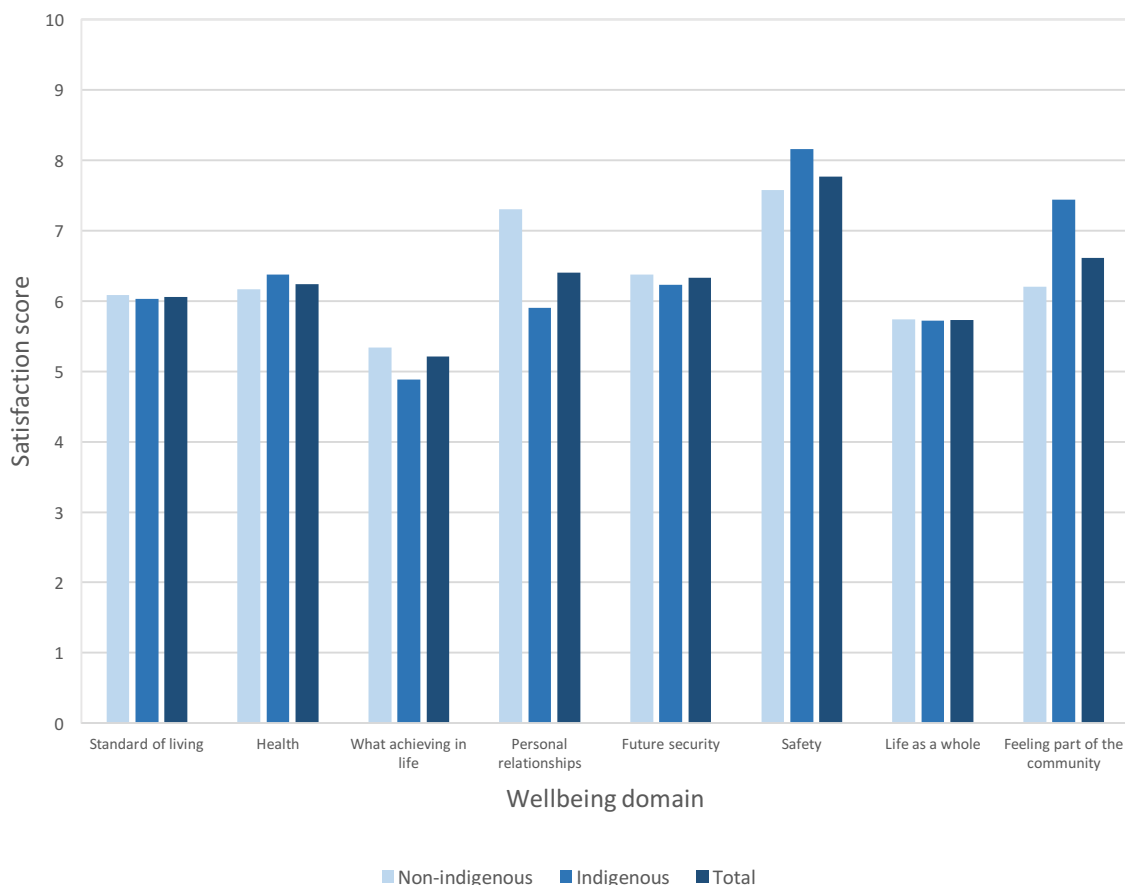
3. Health and wellbeing

This section reports on various measures used to assess detainee health and wellbeing in the ACT DHWS 2016. Measures include self-reported wellbeing, health conditions, and experiences of injury. The health and wellbeing of Indigenous people and women in the AMC is also given special consideration. Finally, we consider various indicators of the presence of disability (including intellectual disability).

3.1 Satisfaction across wellbeing domains

Respondents were asked to rate their satisfaction across various wellbeing domains, with 0 representing 'no satisfaction at all' and 10 representing 'completely satisfied' (Figure 3.1.1). In terms of their 'satisfaction with life as a whole', respondents scored an average of 5.7 (± 2.3). The mean score for satisfaction with feeling part of the community was 6.6 (± 2.7); Indigenous respondents reported a significantly higher score 7.4 (± 2.0) than non-Indigenous participants 6.2 (± 2.9) on this measure ($p < 0.05$).

Figure 3.1.1 Satisfaction among respondents across wellbeing domains, according to Indigenous status



3.2 Indigenous health and wellbeing

Indicators of Indigenous health and wellbeing in the ACT DHWS 2016 related to Indigenous heritage. In particular, participants were asked to report their own experiences of forced relocation as well of that of their family members. Given the potential distress that could be

caused to participants, researchers emphasised at the time of interview that participants did not have to answer these questions if they did not want to.

Five Aboriginal and/or Torres Strait Islander respondents (15%) reported experiencing forced removal from their traditional land as a child. Ten Aboriginal and/or Torres Strait Islander respondents indicated that the person who looked after them during their childhood had experienced forced removal from their traditional land as a child. Few³ Aboriginal and/or Torres Strait Islander respondents indicated that their mothers had been forcibly removed from their homes as children; these women were identified to be part of the Stolen Generations.

3.3 Physical health

This section reports findings relating to physical health and wellbeing. Findings regarding mental health and wellbeing are presented in Part 4; findings regarding health behaviours are presented in Parts 5 and 6.

Among respondents, 22% had optimal or normal blood pressure, and 22% had mild or moderate hypertension.

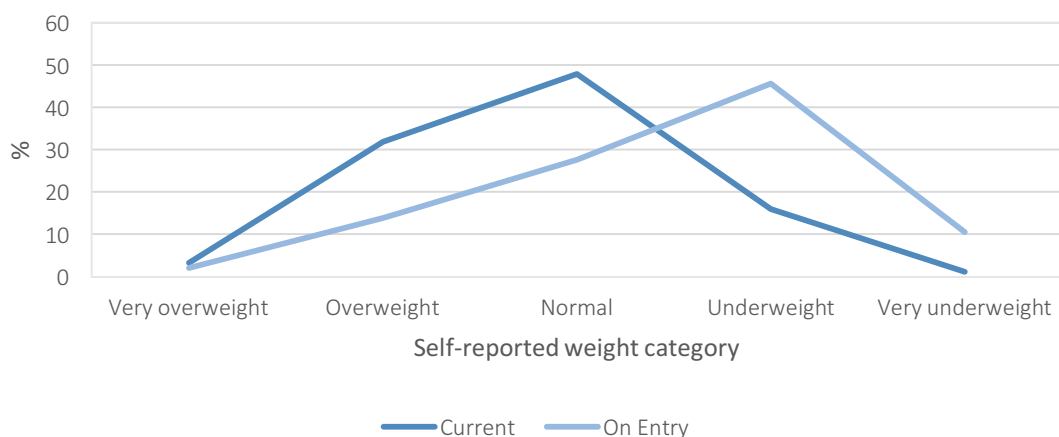
Mean waist circumference among respondents was 87.4 cm (± 25.2) and there were no significant differences between non-Indigenous and Indigenous respondents. Mean hip girth was 92.7 cm (± 24.9), with no significant differences between non-Indigenous and Indigenous respondents.

Respondents' mean weight was 84.9 kg (± 17.9). Mean BMI for the sample was 26 (± 5.5). Females had a higher mean BMI (27 ± 7.7) than males (25 ± 4.9), although the difference was not statistically significant. Indigenous respondents had a lower BMI (24 ± 4.0) than non-Indigenous respondents (26 ± 6.0) – again, this difference was not statistically significant.

Few respondents (16%) self-reported being overweight or very overweight on entry to AMC, but over half (56%) reported being underweight or very underweight (Figure 3.3.1). Less than one-third (28%) reported that their weight was 'normal' on entry. By comparison, nearly half of respondents (48%) self-reported their current weight as 'normal' and around one-third (35%) self-reported being overweight or very overweight (Figure 3.3.1).

³ Consistent with ethical requirements, we do not report n when responses were <5.

Figure 3.3.1 Self-reported weight categories, on entry and current (n=94)



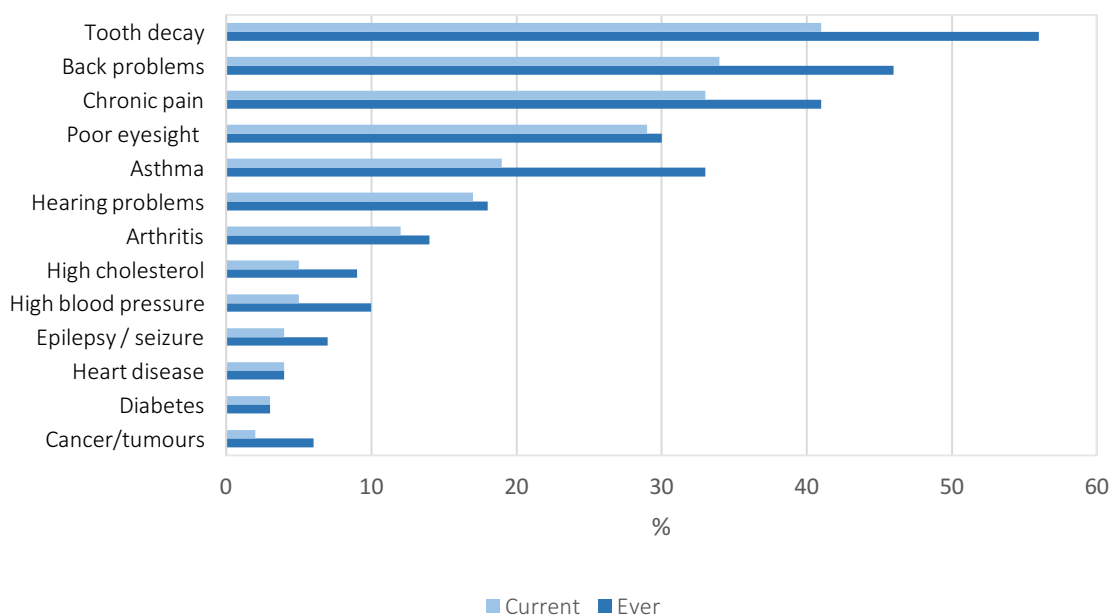
3.4 Health conditions

Australia’s National Health Priority Areas include chronic conditions reported here: asthma, arthritis, cardiovascular disease (blood pressure, cholesterol, heart disease), diabetes, and cancer.

Prison records indicated that most respondents (78%) tested positive for measles immunity.

The most prevalent health conditions reported as ever experienced by respondents were tooth decay (56%), back problems (46%) and chronic pain (41%). The most prevalent health conditions currently experienced also included tooth decay (41%), back problems (34%) and chronic pain (33%) (Figure 3.4.1). Approximately 27% of respondents indicated that they currently experienced other illnesses including (but not limited to) hepatitis C, multiple sclerosis and ulcers.

Figure 3.4.1 Health conditions of respondents, current and ever



One-quarter of respondents (25%) indicated that they believed they had been exposed to asbestos at some time in their lives.

Just over half of respondents (55%) indicated that they had an influenza vaccine this year; this was true for 59% of Indigenous respondents and 53% of non-Indigenous respondents. Among all respondents, 68% indicated that they were offered to be vaccinated at the AMC health centre. Among respondents who were offered to be vaccinated, forty-one respondents (70%) reported that they accepted to be vaccinated at the AMC and 40 respondents (87%) reported that they were given an Influenza vaccination at the AMC.

3.5 Injury

In total, around two-thirds of respondents (65%) reported ever experiencing a head injury without loss of consciousness; among these respondents, the median number of lifetime head injuries without loss of consciousness was 4 (range 1 to 60). The median length of time since the most recent such injury was 2 years (range <1 to 34).

Approximately half (52%) of respondents reported ever having had a head injury where they blacked out or lost consciousness; and a median of 2 head injuries (range 1 to 50) that caused loss of consciousness or black out. The most recent head injury with loss of consciousness occurred a median of 2 years ago (range <1 to 40). Specifically, respondents reported that 13% of head injuries with loss of consciousness occurred in the last six months, and 37% in the past two years. Over half of respondents (59%) who reported a head injury with loss of consciousness, reported being unconscious for 'a brief moment'; 37% for more than 10 minutes. Few (<5) respondents reported being unconscious for more than 24 hours as a result of a head injury.

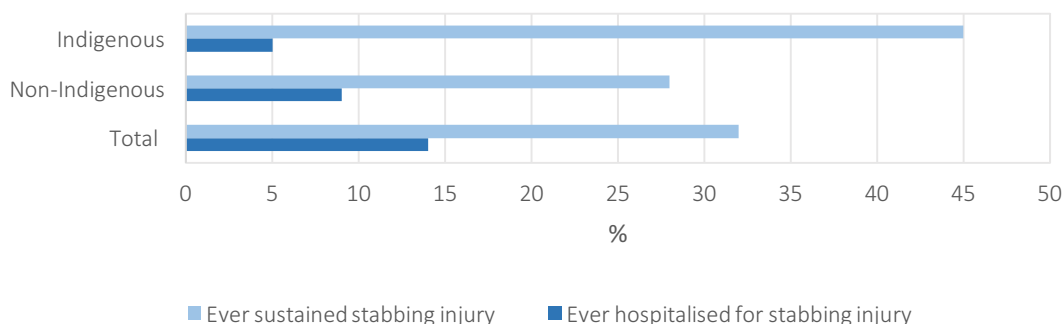
Among respondents who reported a head injury with loss of consciousness, over half (57%) reported experiencing dizziness immediately following the injury, with one-third (33%) reporting dizziness in the past 30 days attributed to this most recent head injury. Similarly, among 36% of respondents, memory problems were experienced immediately following this recent head injury with loss of consciousness and 27% of respondents reported memory problems in the past 30 days (Table 3.5.1).

Table 3.5.1 Symptoms following most recent head injury and in the past 30 days, among those who reported head injury

<i>(multiple responses)</i>	Following head injury		In past 30 days	
	n	%	n	%
Dizziness	24	57	10	33
Blurred vision	17	41	6	20
Difficulty concentrating	15	36	12	40
Memory problems	15	36	8	27
Other symptoms	8	19	5	17

One-third of respondents (33%) reported ever receiving a stabbing injury. Among respondents who reported receiving a stabbing injury, a median of 2 (range 1 to 6) stabbing injuries was reported, with the most recent stabbing injury occurring a median of 5 (range <1 to 21) years previously. Fourteen (45%) of those who reported a stabbing injury reported requiring hospitalisation as a result of that injury (Figure 3.5.1).

Figure 3.5.1 Stabbing injuries self-reported by respondents, according to Indigenous status



3.6 Female health and wellbeing

Gender-specific health issues for female detainees are reported in this section. Nineteen female respondents participated in the ACT DHWS 2016, representing approximately one in five (19%) of the total respondents.

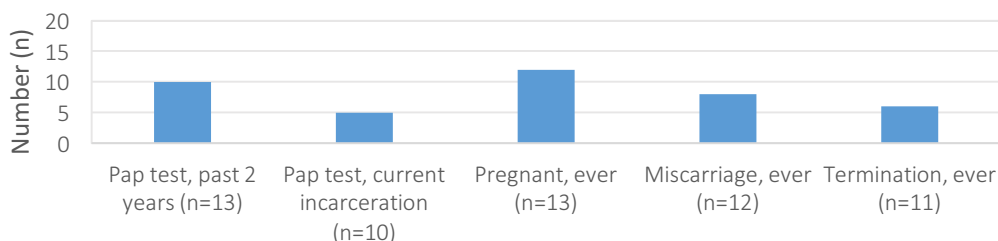
Ten female respondents indicated that they had had a Pap test in the past two years; five indicated that they had had a Pap test during their current incarceration (Figure 3.6.1).

None of the women reported being pregnant at the time of the interview. A review of detainee prison health records confirmed that either there had been no pregnancy tests or all tests had been negative.

Among female respondents, 12 indicated that they had been pregnant in their lifetime. Respondents who indicated a prior history of pregnancy, reported a median of 4 (range 1 to 7) pregnancies in their lifetime. Among eight women who reported a history of miscarriage, their first experience of miscarriage occurred at a median age of 19.5 years (range 14 to 30). Among six female respondents who reported a termination, a mean of two terminations (range 1 to 6) was reported in their lifetime.

Among female respondents, most (n=9) reported that they had given birth to one or more children with the median age at which women first gave birth was 18.5 years (range 15 to 29).

Figure 3.6.1 Number of Pap tests, pregnancies, miscarriages, and terminations among female respondents

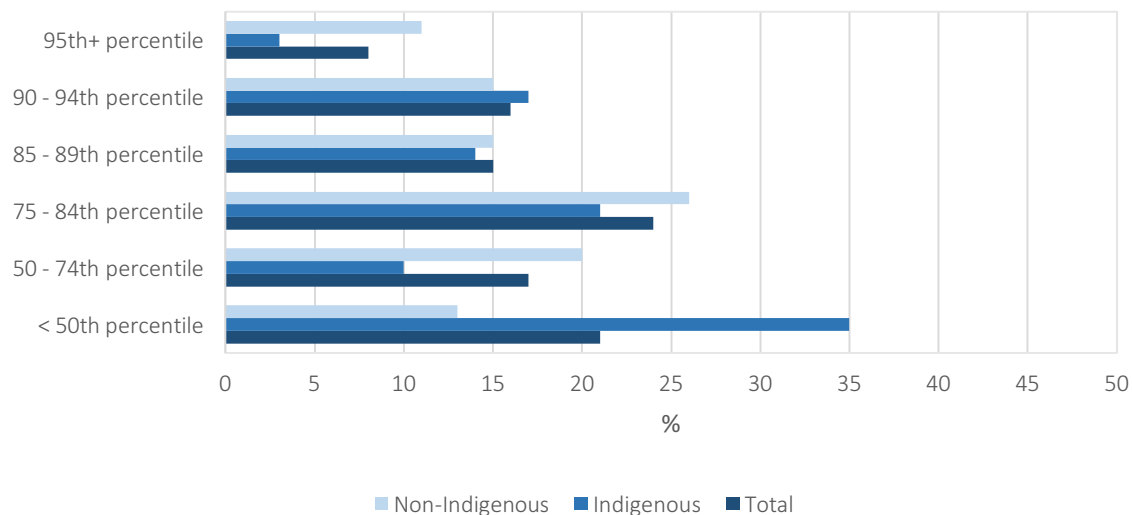


3.7 Disability

The ACT DHWS 2016 contains multiple indicators for disability, including the World Health Organization Disability Assessment Schedule (WHODAS), the HASI, and self-reported previous diagnosis of intellectual disability by a doctor or other health professional.

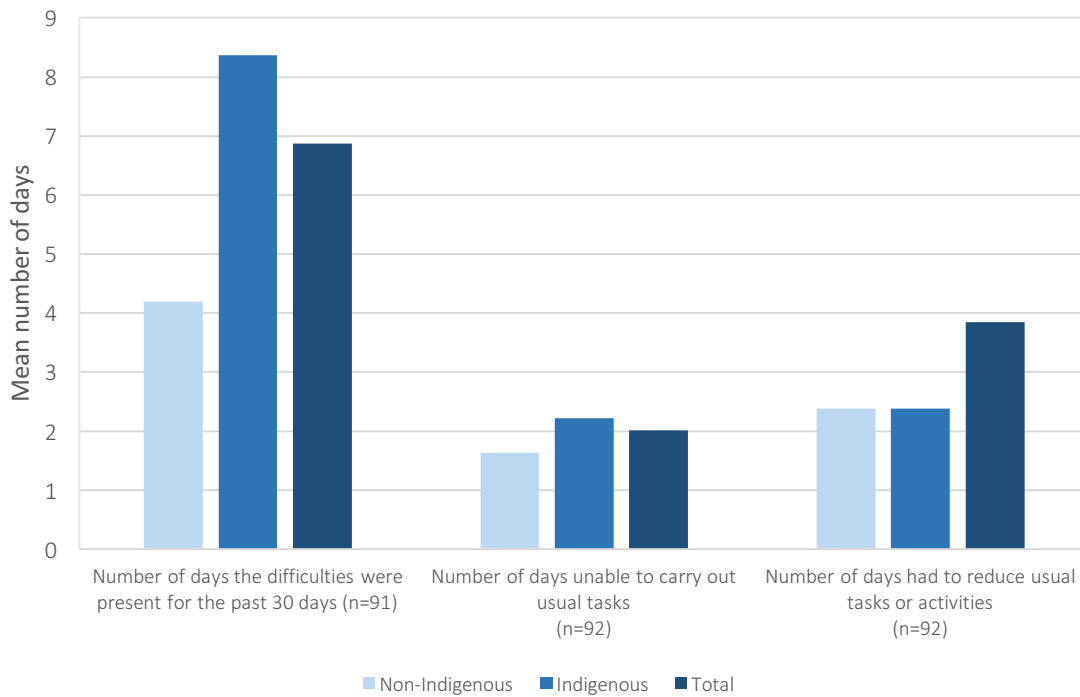
The WHODAS is a generic assessment instrument that covers the following domains of functioning: cognition, mobility, self-care, hygiene, getting along, life activities, and participation. The WHODAS has been found to have good validity and reliability in adult populations across different cultures (7). Global disability is indicated by higher scores. Among 83 respondents, most (80%) scored in the highest 50th percentile and 23% scored within the 90th percentile and above (Figure 3.7.1). The mean score among respondents was 5.1 (± 5.5 , range 0 to 30). The mean for 'well' people has been reported to be 1.4 (± 3.6) (8).

Figure 3.7.1 World Health Organization Disability Assessment Schedule (WHODAS) percentiles (n=83)



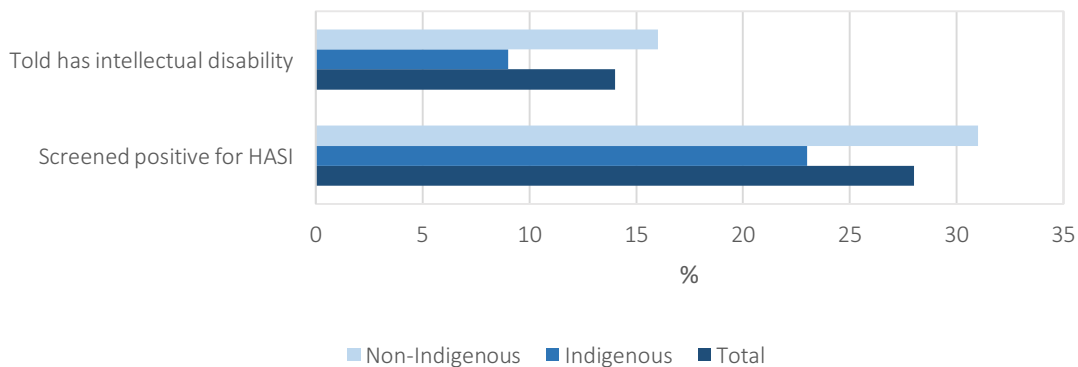
In terms of the difficulties measured by the WHODAS, respondents reported nearly 7 days (mean 6.9 ± 10.5) days) of difficulties present in the past 30 days. They indicated 2 days (mean 2.0 ± 5.7) days) when they were unable to carry out usual tasks or activities in the past 30 days and having to cut back usual tasks or activities in approximately 4 (3.8 ± 7.4) of the past 30 days (Figure 3.7.2).

Figure 3.7.2 Mean number of days difficulties were present, in the past 30 days



The HASI is a screening tool for intellectual disability, with scores under 85 indicating potential intellectual disability (5). Around one in four respondents (28%) screened positive for intellectual disability. The mean HASI score among respondents was 87.1 (± 8.34). In contrast, only 14% of respondents reported ever being told that they had an intellectual disability by a doctor or health professional (Figure 3.7.3). Approximately one in nine respondents (11%) both screened positive for intellectual disability and were previously told that they had an intellectual disability by a doctor or other health professional.

Figure 3.7.3 Screened positive using HASI and ever told by a doctor or health professional has intellectual disability



4. Mental health and wellbeing

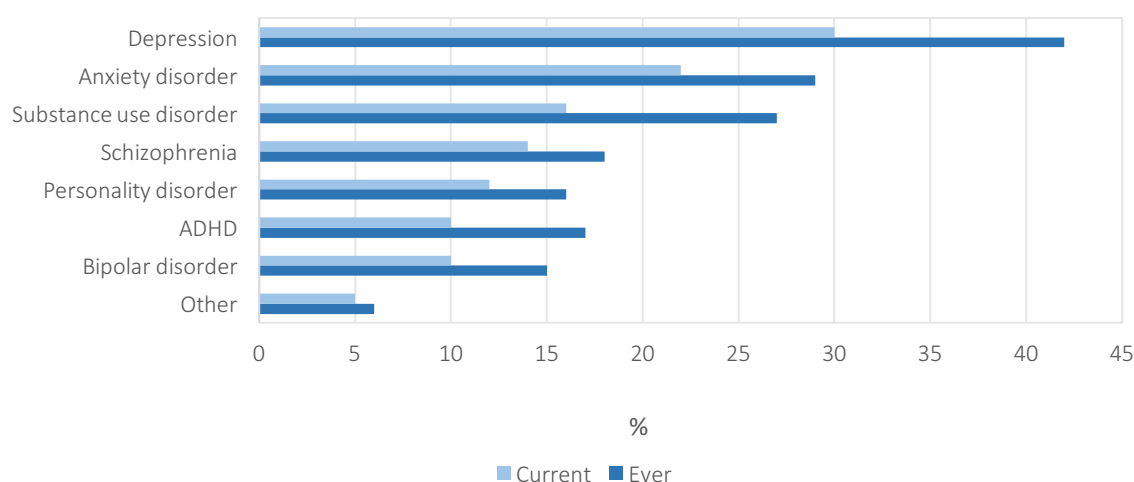
This section reports on indicators of mental health and wellbeing. Given the importance and prevalence of mental illness among detainees across Australia, it is appropriate to report on findings separate from physical health and wellbeing, although it should be noted that physical and mental health problems often co-occur.

The ACT DHWS 2016 posed questions to detainees related to diagnosis of mental disorder, experiences with mental disorders currently and across the lifetime, treatment, and experiences of self-harm, and suicide attempts.

Over half of respondents (54%) reported that they had received one or more mental health diagnoses in their lifetime, with no significant differences between the proportions of Indigenous and non-Indigenous respondents.

Among respondents who reported a mental illness, the most prevalent disorders reported as experienced in their lifetime were: depression (42%), anxiety disorder (29%), and substance use disorder (27%). Prevalent disorders currently experienced by respondents also included depression (30%), anxiety disorder (22%), and substance use disorder (16%) (Figure 4.1.1).

Figure 4.1.1 Mental disorders reported by respondents, current and ever



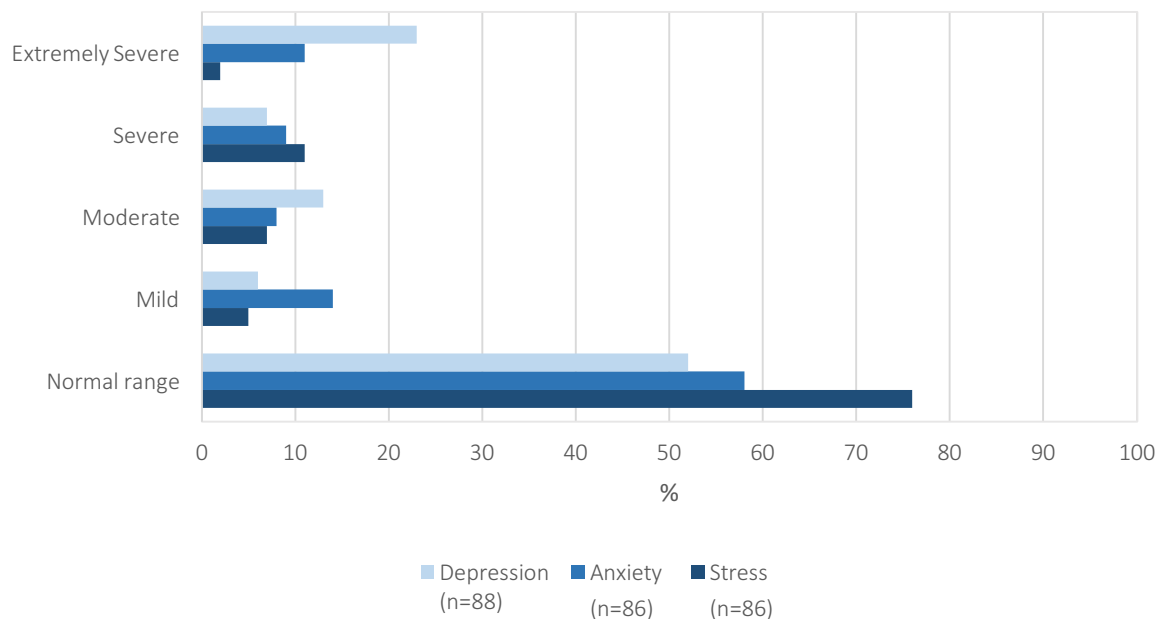
Among respondents previously diagnosed with a mental illness, 83% reported that they had a mental illness first diagnosed by a psychiatrist or psychologist, 47% by a general practitioner, and few (<5) in a hospital emergency department. Forty percent of respondents who reported ever being diagnosed with a mental illness reported having a mental illness first diagnosed in prison.

Among participants diagnosed with a mental illness, 63% reported that they had been receiving treatment in the community; 77% reported that they were being treated with medication and 65% with counselling/therapy. Comparatively, 74% reported that they had been receiving treatment; 87% reported that they were being treated with medication, and 60% with counselling/therapy, in custody.

The Depression, Anxiety, and Stress Scale-21 (DASS-21) is 21-item self-report questionnaire that aims to measure the severity of symptoms related to depression and

anxiety and which has been shown to have reliability and validity in clinical and community samples (9). Based on their responses to the instrument, around half of participants were classified as falling within the 'normal' range for depression (52%) and anxiety (58%); three-quarters (76%) were classified as falling within the 'normal' range for stress. One in ten was classified as experiencing 'severe' stress (11%) and anxiety (11%); and more than one in five as experiencing 'extremely severe' depression (23%) (Figure 4.1.2).

Figure 4.1.2 Depression, Anxiety, Stress Scale (DASS) categories among respondents



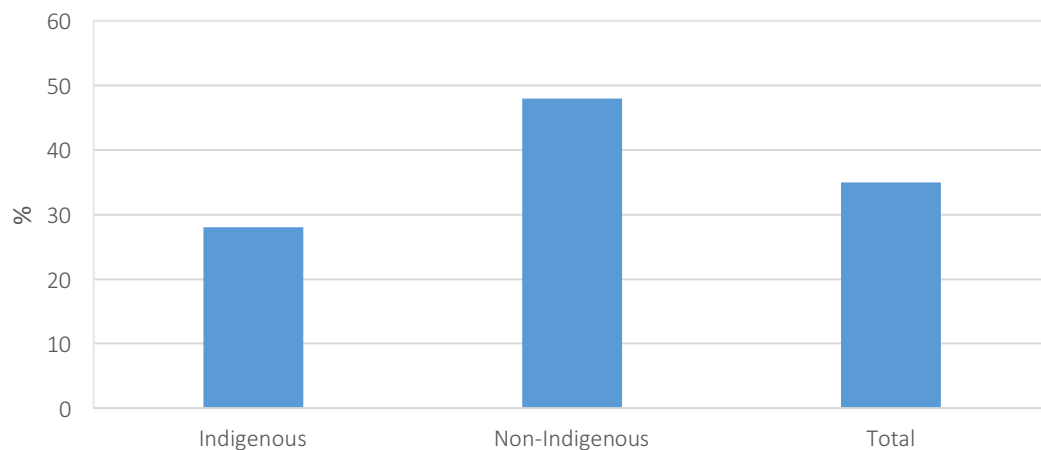
The Adult Attention Deficit Hyperactivity Disorder (ADHD) Screening Self-Report Scale (ASRS) is an instrument designed to identify symptoms of adult ADHD. Among respondents, approximately one in five screened positive for adult ADHD symptomology (19%) over the previous six months. There were no significant differences in adult ADHD screening on the ASRS between Indigenous and non-Indigenous respondents.

Suicide and self-harm

Given the complexity and sensitivity associated with suicide and self-harm, it is noted that self-report is likely to underestimate the true prevalence of this behaviour.

Among respondents, around one-third (35%) reported ever attempting suicide (Figure 4.1.3); among those with a history of suicide attempt the median number of times was 2 (range 1 to 12). Among respondents who reported a history of suicide attempt, the most recent attempt took place a median of 2 years (range <1 to 26) previously.

Figure 4.1.3 Proportion of respondents who reported ever attempting suicide



Among respondents who reported prior suicide attempts, the majority described their suicide attempts as a 'serious attempt' (77%); with approximately one in ten characterising these attempts as 'tried but knew the method was not foolproof' (13%); and as a 'cry for help' (10%), respectively.

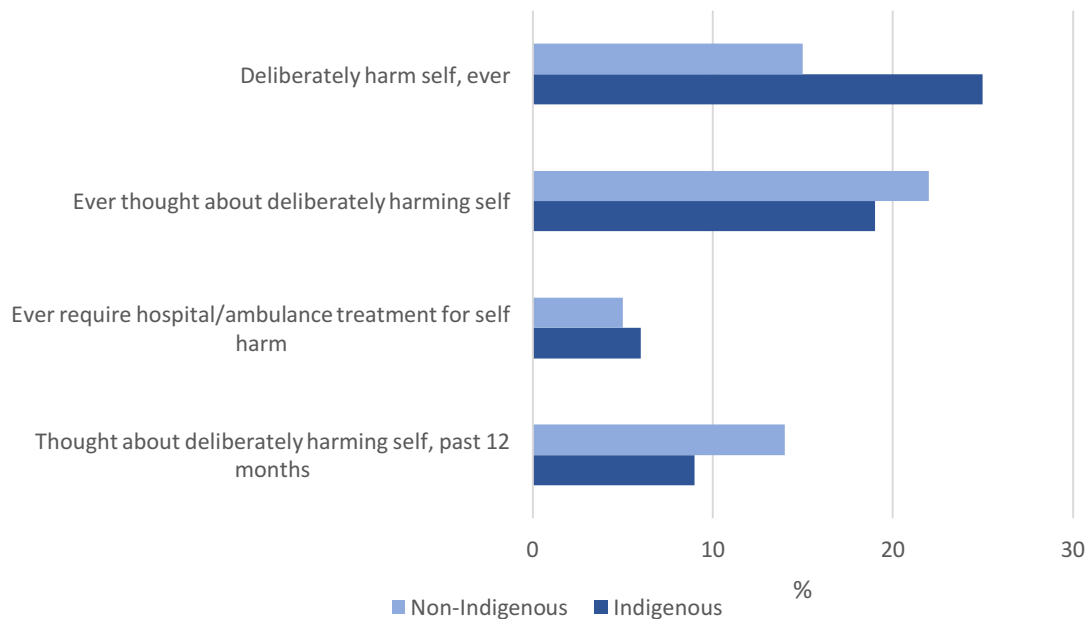
Overall, 47 respondents (53%) reported that they had ever thought about attempting suicide, on average 1.2 years (± 1.7) previously. Among respondents who reported a history of suicidal ideation, 52% reported ever 'making a plan' to take their own lives, and 51% reported that they had thought about attempting suicide in the past 12 months. Of those who reported that they had 'made a plan' for suicide, 10 (40%) had then told someone about their plan.

Fewer than five⁴ respondents reported that they had thought about harming themselves or attempting suicide in the past week; had told a health worker or anyone else about these thoughts; or reported that they were currently thinking about harming themselves or suicide. Interviewers reported all disclosures of current suicidal ideation to the forensic mental health service for appropriate response.

As presented in Figure 4.1.4, 21% of respondents had ever thought about hurting themselves; 12% in the past 12 months.

⁴ Consistent with ethical requirements, we do not report n when responses were <5.

Figure 4.1.4 Self-reported self-harm among respondents



Fifteen respondents reported having engaged in a median of 6 self-harm events (range 1 to 100) during their lifetime, with a median of 2 (range 0 to 100) of these self-harm instances reported to have occurred within the past 12 months.

Admission to psychiatric unit or ward

Twenty-one respondents (21%) indicated that they had ever been admitted to a psychiatric unit or ward in a hospital, including 14% of Indigenous and 24% of non-Indigenous respondents.

Of the participants who reported being admitted to a psychiatric unit or ward in a hospital, half (50%) indicated that they had experienced voluntary admission and 83% experienced involuntary admission (multiple responses were permitted so some respondents may have indicated both voluntary and involuntary admissions, on separate occasions).

5. Health behaviours

This part of the ACT DHWS 2016 report covers health behaviours among participants, including diet, exercise, skin protection and vaccination.

5.1 Diet

Interviewers told respondents that one serve of vegetables was 75g or half a cup of cooked vegetables or legumes. Approximately half of participants (53%) reported eating one serve or less of vegetables per day. Few respondents (5%) reported eating four or more serves of vegetables per day (Table 5.1.1). There were no significant differences between Indigenous and non-Indigenous detainees in terms of their reported frequency of vegetable consumption. Interviewers told respondents that one serve of fruit is 125g or one small apple, orange, pear or banana. Almost one-quarter (24%) of respondents ate two or more serves of fruit per day.

Interviewers told respondents that one serve of cordial or soft drink is 375mL. Forty-two percent of respondents consumed cordial or soft drink daily. One serve of snack food was listed as half a small chocolate bar (25g) or 30g of salty crackers. Most respondents (73%) indicated daily consumption of snack foods such as chocolate bars, potato chips and lollies; around 27% indicated that they do not consume snack food.

Just under half of respondents (47%) reported eating three meals per day, while 14% reported eating just one meal per day.

Table 5.1.1 Dietary consumption, during incarceration

	Non-Indigenous		Indigenous		Total	
	n	%	n	%	n	%
<i>(multiple responses)</i>						
Vegetables (meeting guideline of 4+ serves)	<5	--	<5	--	5	5
Fruit (meeting guideline of 2+ serves)	14	22	8	28	22	24
Cordial / soft drink (>0)	24	38	15	50	39	42
Snack food (>0)	44	70	24	80	68	73
Meals (>3)	6	10	<5	--	9	10

5.2 Exercise

Most respondents (78%) reported walking for sport, recreation or fitness in the fortnight prior to the survey. Less than half of respondents (44%) reported engaging in moderate exercise that caused sweat or shortness of breath, and/or vigorous exercise (34%) resulting in being very out of breath (Table 5.2.1).

Table 5.2.1 Type of exercise during the past two weeks

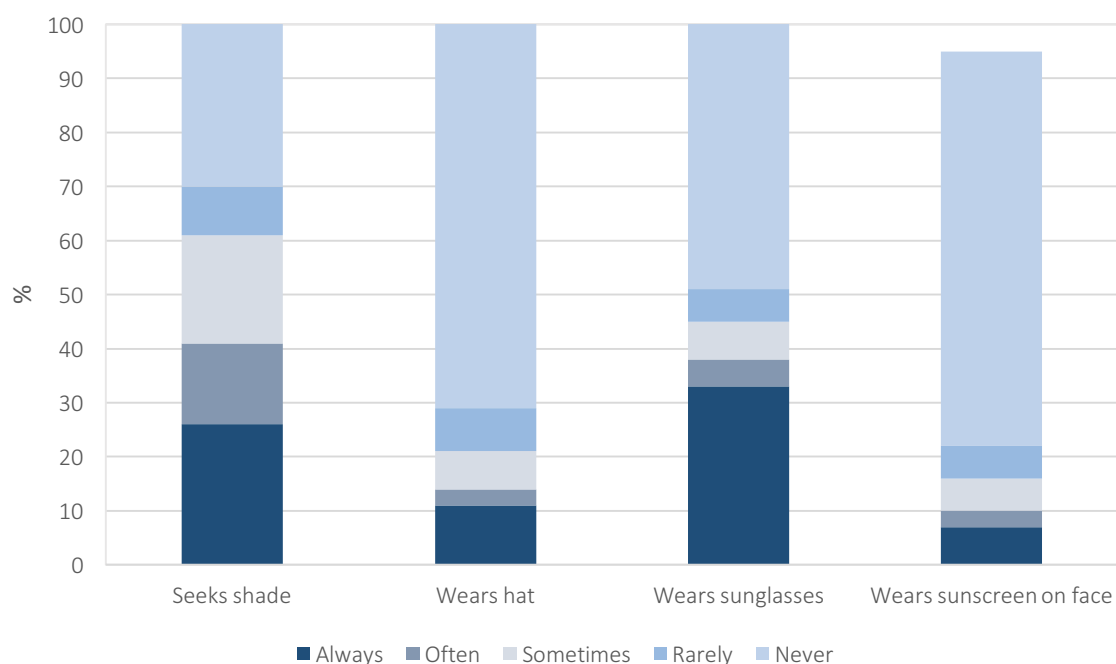
<i>(multiple responses)</i>	Non-Indigenous		Indigenous		Total	
	n	%	n	%	n	%
Walking for sport, recreation or fitness	47	75	26	84	73	78
Moderate exercise (sweat, shortness of breath)	23	37	18	58	41	44
Vigorous exercise (very out of breath)	17	27	15	48	32	34

Respondents reported walking a median of 14 times (range 1 to 98) in the two weeks prior to the survey, for a median of 7 hours (range <1 to 84) during those two weeks. Respondents who engaged in moderate exercise reported a median of 14 occasions of exercise (range 1 to 30) in the past fortnight, for a median time of 10 hours (range <1 to 32) in total. Respondents who engaged in vigorous exercise reported a median of 14 times (range 2 to 42) in the past fortnight, for a median time of 14 hours (range <1 to 130) in total.

5.3 Skin protection

Respondents estimated that they spent a mean of 1.6 hours (± 1.7) in the sun between the hours of 10am and 4pm each day during the past four weeks of their incarceration. Most participants reported never wearing a hat (71%) or wearing sunscreen on their face (73%) on a typical day in prison. Around one-third (33%) reported always wearing sunglasses and only 26% reported always seeking shade on a typical day in prison (Figure 5.3.1).

Figure 5.3.1 Sun protection behaviours



Around one-third (35%) reported experiencing sunburn in the past 12 months (Table 5.3.1).

Table 5.3.1 Time spent in sun and sunburn reported by respondents

<i>(multiple responses)</i>	Non-Indigenous		Indigenous		Total	
	n	%	n	%	n	%
2+ hours spent in sun on typical day in prison	16	25	16	53	32	34
Sunburnt in past 12 months	23	37	10	32	33	35

6. Risky behaviours

This section covers risky behaviours among detainees, including alcohol and tobacco consumption, illicit drug use, unprotected sex, needle sharing, tattooing and body piercing.

6.1 Alcohol

The average age of first use of alcohol as reported by respondents was 14.3 years (± 3.5). Indigenous respondents reported a lower mean age of first use (13 ± 1.9 years) than did non-Indigenous respondents (15 ± 4.3 years). Most respondents (77%) indicated that they had ever used alcohol; just over half (58%) reported using alcohol in the 12 months prior to their current incarceration. Far fewer (14%) reported ever using alcohol in prison (Table 6.1.1).

Table 6.1.1 Alcohol use among respondents

<i>(multiple responses)</i>	Non-Indigenous		Indigenous		Total	
	n	%	n	%	n	%
Ever used	52	80	23	70	75	77
Used 12 months prior to prison	40	62	17	52	57	58
Ever used in prison	8	12	6	18	14	14

The Alcohol Use Disorders Identification Test (AUDIT) (10) is a 10-item screening tool that was developed by the WHO to assess alcohol consumption, drinking behaviours and alcohol-related problems (10). Scores range from 0 to 36, with higher scores indicating more problematic alcohol use. A score of eight or more is considered to indicate harmful alcohol use (10). The mean score among respondents was 8.2 (± 10.4); 36% were scored as engaging in harmful or likely dependent alcohol use in the 12 months prior to their current incarceration.

Table 6.1.2 AUDIT: Harmful alcohol use in the 12 months prior to incarceration

	Non-Indigenous		Indigenous		Total	
	n	%	n	%	n	%
Abstinent	20	33	11	41	31	35
Low-risk	18	30	5	19	23	26
Harmful	11	18	7	26	18	21
Hazardous	<5	--	<5	--	<5	--
Likely dependent	10	16	<5	--	13	15
Total	61	100	27	100	88	100

6.2 Tobacco

Most respondents (87%) reported ever using tobacco; using in the 12 months prior to current incarceration (79%) and ever using in prison (82%) (Table 6.2.1). The mean age of first use of tobacco among respondents was 14 years (range 7 to 32). Fourteen percent of respondents indicated that they took up smoking in prison.

Table 6.2.1 Tobacco use among respondents

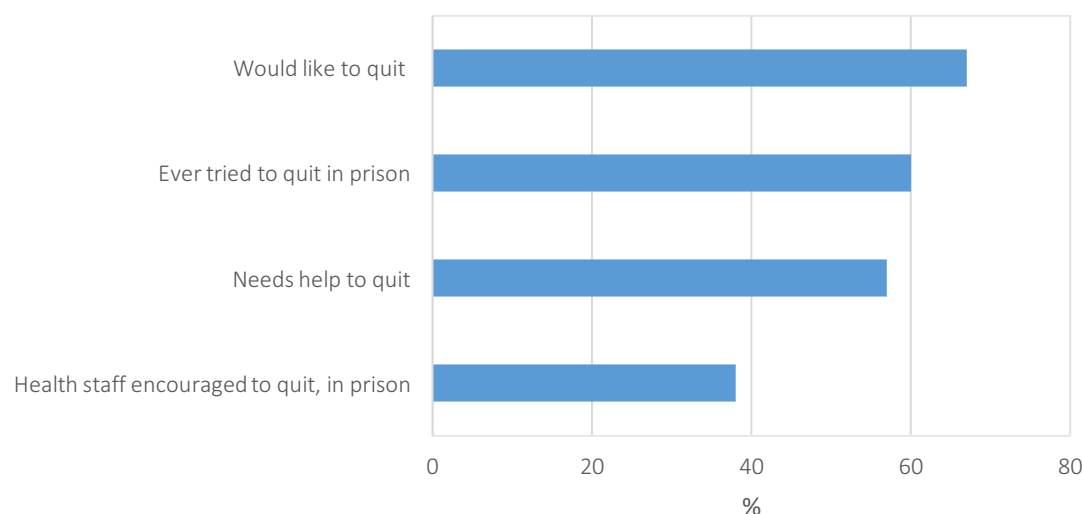
<i>(multiple responses)</i>	Non-Indigenous		Indigenous		Total	
	n	%	n	%	n	%
Ever used	58	89	27	82	85	87
Used 12 months prior to prison	51	79	26	79	77	79
Ever used in prison	54	83	26	79	80	82

The Fagerström Test for Nicotine Dependence (FTND) (11) provides an ordinal measure of nicotine dependence related to cigarette smoking. Thirty detainees provided responses to the FTND. Of these, over half (57%) reported 'high' or 'very high' nicotine dependence (Table 6.2.2).

Table 6.2.2 Fagerstrom Test for Nicotine Dependence: Dependence levels among respondents (n=30)

	Non-Indigenous		Indigenous		Total	
	n	%	n	%	n	%
Very low/ Low/ Moderate	18	86	6	66	13	43
High / Very high	11	52	6	67	17	57
Total	21	100	9	100	30	100

Three in five respondents (60%) indicated that they had ever tried to quit smoking in prison and that they require assistance to quit smoking (57%). Two-thirds (67%) indicated that they would like to quit smoking (Figure 6.2.1).

Figure 6.2.1 Experiences of and intentions to quit smoking in prison

Although only 11% of respondents thought that non-smokers should have to share cells with smokers, two-thirds of respondents (68%) indicated that they thought smoking should be allowed in prison. Eighty-six percent of respondents currently shared a cell, dorm, or unit with a smoker.

6.3 Illicit drugs

The HIV Risk-taking Behaviour Scale (HRBS) (12) is an 11-item questionnaire that measures behaviours that place individuals at risk of contracting or passing on HIV. There are three major scores: a total score indicating risk-taking behaviour; a Drug-Use subtotal and a Sexual Behaviour total (see section 6.5). Higher HRBS scores indicate a greater risk of contracting and passing on HIV (Darke et al., 1991).

The mean Drug-Use subtotal score among respondents was 3.2 (± 4.3 ; range 0 to 18), with no significant difference between Indigenous and non-Indigenous respondents. The mean total risk taking score was 7.4 (± 6.7 ; range 0 to 34) with no significant difference between Indigenous and non-Indigenous respondents.

The most frequently reported illicit drugs ever used among respondents were methamphetamine/amphetamines (74%); followed by cannabis (70%), heroin (55%), and ecstasy (46%) (Table 6.3.1).

Table 6.3.1 Ever use any illicit drug by drug type

<i>(multiple responses)</i>	Non-Indigenous		Indigenous		Total	
	n	%	n	%	n	%
Cannabis	44	68	25	76	69	70
Inhalants	7	11	<5	--	9	9
Hallucinogens	21	32	6	18	27	28
Ecstasy / MDMA	33	51	12	36	45	46
Meth / amphetamines	45	69	27	82	72	74
Cocaine	25	39	16	49	41	42
Benzodiazepines	17	26	14	42	31	32
Heroin	35	54	19	58	54	55
Other opiates	21	32	10	30	31	32
Steroids	10	15	<5	--	11	11
Other	5	8	<5	--	6	6

In the year prior to their current incarceration, the illicit drugs most frequently used among respondents were methamphetamine/amphetamine (63%); followed by cannabis (50%) and heroin (34%) (Table 6.3.2).

Table 6.3.2 Use of any illicit drugs in the year before prison, by drug type

<i>(multiple responses)</i>	Non-Indigenous		Indigenous		Total	
	n	%	n	%	n	%
Cannabis	32	49	17	52	49	50
Inhalants	0	0	<5	--	<5	--
Hallucinogens	<5	--	<5	--	6	6
Ecstasy	5	8	<5	9	8	8
Meth / amphetamines	37	57	25	76	62	63
Cocaine	5	8	6	18	11	11
Benzodiazepines	8	12	9	27	17	17
Heroin	18	28	15	46	33	34
Other opiates	<5	--	<5	--	<5	--
Steroids	<5	--	<5	--	<5	--
Other	<5	--	<5	--	<5	--

The most frequently reported illicit drugs ever used in prison (Table 6.3.3) were cannabis (37%), methamphetamines/amphetamines (32%), heroin (29%), and other opiates (19%).

Table 6.3.3 Ever use illicit drugs in prison, by drug type

	Non-Indigenous		Indigenous		Total	
	n	%	n	%	n	%
<i>(multiple responses)</i>						
Cannabis	22	34	14	42	36	37
Hallucinogens	<5	--	<5	--	<5	--
Ecstasy	8	12	<5	--	9	9
Meth / amphetamines	19	29	12	36	31	32
Cocaine	5	8	<5	--	8	8
Benzodiazepines	7	11	<5	--	11	11
Heroin	18	28	10	30	28	29
Other opiates	13	20	6	18	19	19
Steroids	<5	--	<5	--	<5	--

6.4 Injection drug use

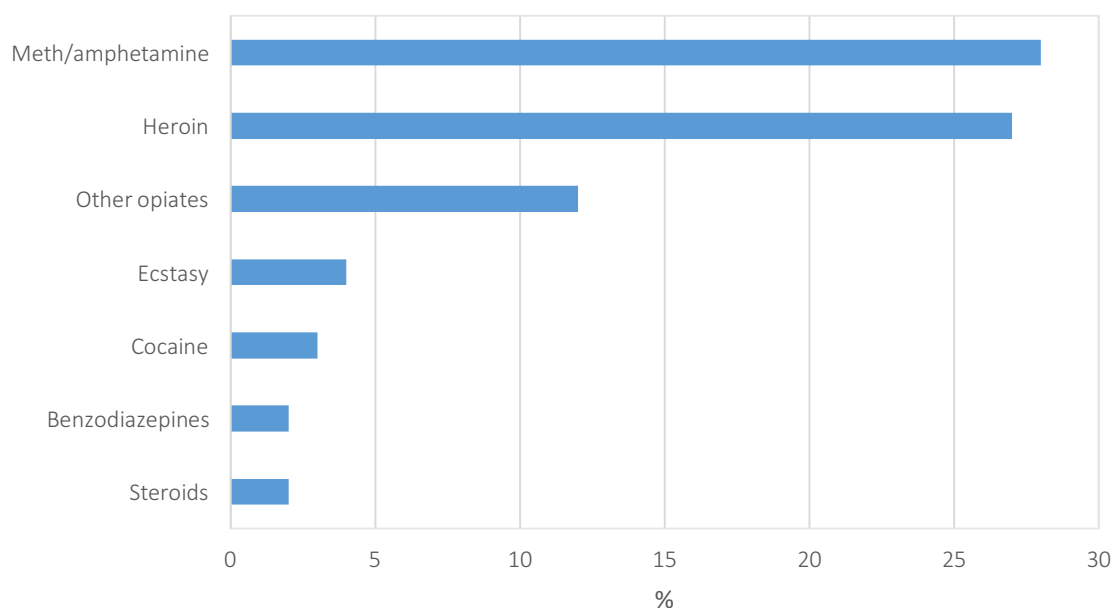
In the month prior to their current incarceration, approximately one-third of respondents (35%) reported injecting illicit drugs once a day or more often (Table 6.4.1). Twenty-five respondents reported that they cleaned needles before re-using them in the month prior to incarceration; among these, 80% reported cleaning needles every time.

Table 6.4.1 How many times injected illicit drugs, in the month prior to incarceration

	Non-Indigenous		Indigenous		Total	
	n	%	n	%	n	%
None	31	50	12	42	43	48
Once a week or less	5	8	<5	--	6	7
> once per week < daily	<5	--	5	18	9	10
1 – 3 times per day	12	20	8	28	20	22
> 3 times a day	10	16	<5	--	12	13
Total	62	100	28	100	90	100

Among all respondents, over one-quarter of respondents reported ever injecting heroin (27%) and meth/amphetamines (28%) in prison (Figure 6.4.1).

Figure 6.4.1 Ever injected illicit drugs in prison, by drug type



Nineteen respondents (19%) reported injecting any drugs in prison during their current incarceration, with no significant differences between Indigenous and non-Indigenous respondents. Among the respondents reporting injection drug use in prison during their current incarceration, 8 reported injecting heroin, 18 meth/amphetamines, and 5 other illicit drugs (with multiple responses permitted). Of the respondents reporting injecting during their current incarceration, 7 reported injecting illicit drugs five times or fewer whereas over half (n=10) reported injecting illicit drugs 20 times or more during their current incarceration. Among respondents who reported injecting in prison during their current incarceration, 4 reported that they did not inject with other people the last time they injected a drug in prison, 10 with two or fewer other people, and <5 reported injecting with three or more other people.

Forty-five percent of respondents indicated that they had been on a methadone program, in the past (7%) or currently (38%). Those who indicated that they were currently on a methadone program, reported an average methadone dose of 64.4 (± 30.7) mg. Nearly one in five respondents (19%) indicated that they had been on a suboxone program in the past however few (<5%) reported that they were currently on a suboxone program. Few respondents (<5%) expressed the view that they should be on the methadone program.

Almost one-third (32%) of respondents indicated that they had ever overdosed as a result of taking drugs.

Half of respondents (50%) indicated that they would like help with quitting or staying off drugs.

Access to bleach

The AMC has a policy of making bleach available for prisoners; a known use of bleach is for cleaning injecting equipment. Among respondents, around one-third (33%) reported ever trying to get bleach to clean fits (i.e., injecting equipment) while in prison. Among those who tried, 72% got bleach to clean fits.

Among respondents who accessed bleach to clean fits, half (50%) reported it was 'difficult' or 'very difficult' to get bleach in prison, and half (50%) reported it was 'easy' or 'very easy'.

Three-quarters of respondents (78%) were aware that they could access bleach at the AMC for this purpose.

6.5 Sexual health and blood-borne viruses

Table 6.5.1 presents pathology results obtained through prison health record review at the end of the recruitment period, which covered all incarcerations at the AMC prior to the time of interview.

Table 6.5.1 Pathology results recorded in respondents' prison medical files

	Non-indigenous		Indigenous		Total	
	n	%	n	%	n	%
HBsAg (current infection)	0	0	<5	--	<5	--
anti-HBs	44	68	24	75	68	70
anti-HBc	9	14	10	30	19	19
HBV immune response \geq 10 (Immunity)	30	46	20	61	50	51
HCV exposure	26	40	13	39	39	40
HCV infection - PCR	12	19	8	24	20	20
HCV viral load high (\geq 6)	<5	--	<5	--	<5	--
HIV	<5	--	0	0	<5	--
Syphilis	<5	--	0	0	<5	--
Chlamydia	<5	--	<5	--	<5	--
Varicella zoster virus	<5	--	<5	--	<5	--

Most respondents (97%) were aware that free testing for Sexually Transmitted Infections (STI)/blood-borne viruses (BBV) was available at the AMC health centre. Many (85%) were also aware of the policy for the AMC health centre to provide condoms/dental dams. Just under one in ten (9%) respondents reported using condoms and/or dental dams in the AMC sometimes or always (Table 6.5.2).

Table 6.5.2 Access to condoms/dental dams

	Tried to get condoms/dental dams		Able to access condoms/dental dams		Used condoms/dental dams	
	n	%	n	%	n	%
Never	31	34	9	15	26	33
Sometimes / Always	13	14	6	10	7	9
Not applicable (no sexual activity)	46	51	45	75	47	59

The mean HRBS Sexual Risk Taking Behaviour Subscale score among respondents was 4.1 (± 4.5). (See Section 6.3 for a description of the HRBS.) Indigenous respondents scored a higher mean score compared with non-Indigenous respondents (5.6 ± 5.6 vs. 3.5 ± 3.8). Thirty-nine percent of respondents reported no sexual encounters in the month prior to their current incarceration; 57% reported a sexual encounter with one person or more (Table 6.5.3).

Table 6.5.3 Number of sexual encounters in the month before this incarceration

	n	%
None	35	39
1 person	40	45
2 people	5	6
3 - 5 people	<5	--
6 or more people	5	6
Total	89	100

Few respondents indicated that they had paid for sex in the month before incarceration. Eleven percent reported never using a condom with casual partner(s); 32% with regular partners (Table 6.5.4).

Table 6.5.4 Condom use in the month before current incarceration

	When having sex with regular partner(s)		With casual partner(s)		When paid for sex	
	n	%	n	%	n	%
No casual partner / No penetrative sex	43	48	62	70	82	92
Every time / Often / Sometimes / Rarely	18	20	17	19	5	6
Never	28	32	10	11	<5	--
Total	89	100	89	100	89	100

Few respondents (<5%) indicated that they had had anal sex in the month prior to the survey. Most respondents (96%) indicated that they had not paid for sex in the six months prior to current incarceration.

Tattoos and piercings

Approximately three-quarters of respondents (74%) indicated that they had at least one permanent tattoo. Among participants with at least one permanent tattoo, over half (57%) reported receiving a tattoo in the community with a registered tattoo artist and 40% reported receiving a tattoo during their current and/or a previous incarceration.

Eight respondents indicated that when tattooed in the community, someone else had used the needle before them. Five indicated that when tattooed in prison, someone else had use the needle before them.

Forty percent of respondents indicated that they had a piercing; 16% indicated that they had three or more piercings. Among those with piercings, the part of the body most frequently pierced was the ears, reported by 92% of respondents, followed by the lip (11%), eyebrow (11%), and tongue (11%).

Three respondents indicated that they obtained piercings in prison, none of whom indicated that the needle was used before them.

7. Health services

This section covers access to health services, including in the community and while in prison.

Respondents were asked, 'Prior to coming to prison this time, where did you last go for your general health care?' The most frequently reported last service access prior to incarceration was general practitioners (73%); 18% of respondents (and 57% of Indigenous respondents) reported accessing an Aboriginal Health Service (Table 7.1.1.).

Table 7.1.1 Last health service access prior to incarceration

	Non-Indigenous		Indigenous		Total	
	n	%	n	%	n	%
General Practitioner	56	92	9	32	65	73
Accident & Emergency	<5	--	0	0	<5	--
Aboriginal Health Service	0	0	16	57	16	18
Prison Health Service	<5	--	<5	--	<5	--
Other	<5	--	<5	--	<5	--
Total	61	100	28	100	89	100

The most frequently reported health service contact in the community during the previous year was with a nurse (mean 7 times (range 0 to 360)) and a General Practitioner (mean 6 times (range 0 to 50)) (Table 7.1.2).

Table 7.1.2 Number of times health services contacted in community 12 months prior to incarceration

	Non-Indigenous		Indigenous		Total	
	n	Mean (SD)	n	Mean (SD)	n	Mean (SD)
General Practitioner	62	7.00 (10.7)	29	4.38 (6.26)	91	6.16 (9.55)
Nurse	61	9.05 (46.6)	29	2.76 (3.88)	90	7.02 (38.5)
Psychiatrist	62	1.97 (6.59)	29	.76 (1.41)	91	1.58 (5.51)
Psychologist	62	1.53 (4.65)	29	.79 (3.04)	91	1.30 (4.20)
Other	62	2.94 (9.04)	29	1.03 (2.57)	91	2.33 (7.63)

During a median of 167 days (IQR: 63-409) of incarceration, respondents reported visiting a nurse a mean of 83 times (± 212); they also reported a mean of 9 visits to a psychologist, and 7 visits to a General Practitioner (Table 7.1.3).

Table 7.1.3 Number of times accessed health services during current incarceration, according to self-report

	Non-Indigenous		Indigenous		Total	
	n	Mean (SD)	n	Mean (SD)	n	Mean (SD)
General Practitioner	63	8.3 (2.4)	26	4.4 (4.7)	89	7.1 (16.3)
Nurse	60	109 (246)	26	20.6 (51.8)	86	83 (212)
Psychiatrist	62	3.1 (6.5)	26	2.2 (6.5)	88	2.8 (5.8)
Psychologist	63	10.8 (32.2)	26	5.0 (3.8)	89	9.1 (29.1)
Other	61	11.0 (37.3)	26	5.2 (19.7)	87	9.3 (33.1)

According to detainee prison health records, participants had a mean of 23.4 health episodes (± 33.2) during their incarceration. Participants had a mean of 16 visits to a nurse (± 29.6), and 5 visits to General Practitioners (± 6.2) (Table 7.1.4).

Table 7.1.4 Number of times accessed health services during current incarceration, according to ACTPAS records

	Non-Indigenous		Indigenous		Total	
	n	Mean (SD)	n	Mean (SD)	n	Mean (SD)
General Practitioner	65	5.6 (6.8)	33	5.1 (5.1)	98	5.4 (6.2)
Nurse	65	16.9 (30.6)	33	13.8 (28.0)	98	15.9 (29.6)
Mental health services	65	2.4 (4.7)	33	1.5 (2.2)	98	2.1 (4.1)

Twenty-three percent of respondents reported a general and/or psychiatric hospital inpatient admission in the past year, including 21% of Indigenous and 25% of non-Indigenous respondents. Among respondents with at least one inpatient admission, a mean of 2.3 (± 2.1) admissions as an inpatient in general or psychiatric hospital was reported. Non-Indigenous respondents reported being admitted more times than did Indigenous respondents (2.6 times (± 2.3) vs. 1.5 times (± 0.8), respectively). Respondents reported a mean of approximately one hospital admission (0.95 ± 1.2) during their incarceration.

In relation to emergency department admissions over the past 12 months (Table 7.1.5), excluding those with no emergency department visits, participants reported a mean of just over two admissions from prison (2.3 ± 2.3) and the community (2.6 ± 2.9).

Table 7.1.5 Times admitted to emergency department over past 12 months

	Non-Indigenous		Indigenous		Total	
	n	Mean (SD)	n	Mean (SD)	n	Mean (SD)
From prison	14	2.6 (2.6)	5	1.4 (.89)	19	2.3 (2.3)
From community	62	2.8 (3.3)	10	2.2 (1.6)	35	2.6 (2.9)

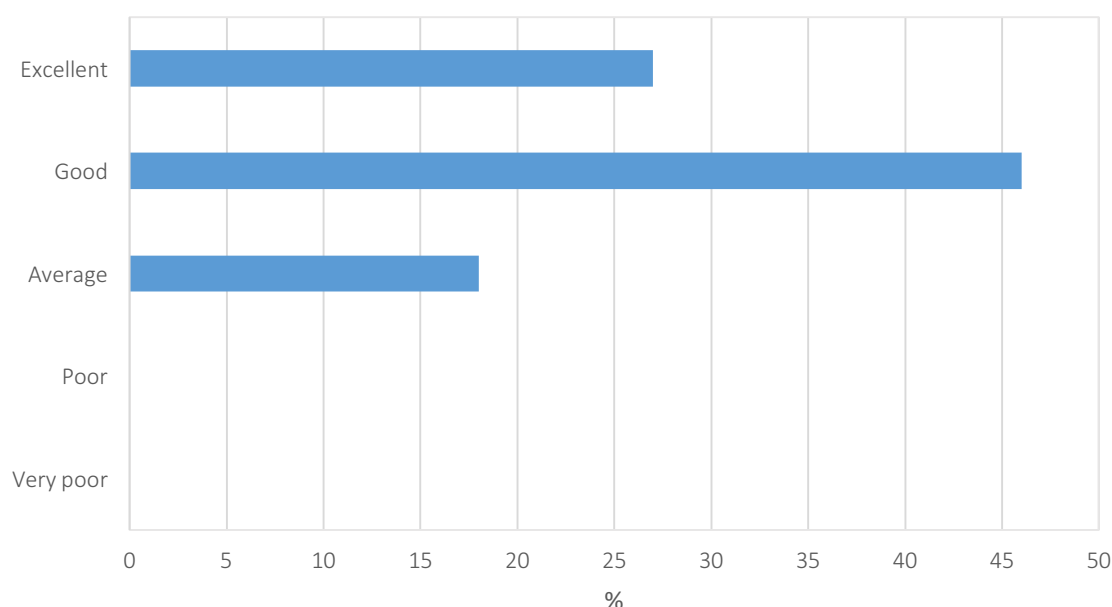
Eighty-three percent of Indigenous respondents reported accessing Aboriginal Health Services in the community. Eleven Indigenous respondents reported accessing these services during their current incarceration (Table 7.1.6).

Table 7.1.6 Aboriginal Health Services accessed

<i>(multiple responses)</i>	Non-Indigenous		Indigenous		Total	
	n	%	n	%	n	%
In community	<5	--	24	83	26	28
In prison	0	0	11	38	11	12

Among those who reported accessing Aboriginal Health Services in the AMC, most (n=8) rated the services provided at the AMC health centre to Indigenous people as good or excellent (Figure 7.1.1).

Figure 7.1.1 How do you rate the services provided to Indigenous people at AMC health centre, among Indigenous respondents (n=11)



More than two-thirds (70%) of participants reported having been visited by a chaplain during their current incarceration (Table 7.1.7).

Table 7.1.7 Visited or been visited by a chaplain during this incarceration

	Non-Indigenous		Indigenous		Total	
	n	%	n	%	n	%
No	21	33	6	23	27	30
Yes	42	67	20	77	62	70
Total	63	100	26	100	89	100

Among those who were not visited by the chaplain during their current incarceration, when asked how much they would like to see the chaplain, most (92%) responded 'not at all'.

Self-management of healthcare

The Patient Activation Measure (PAM) assesses the knowledge, skill and confidence of individuals to manage their own healthcare. Activation score cut points place participants into four levels: not yet believing an active role in healthcare is important (level 1); lacking

basic knowledge of health conditions, treatment or self-care (level 2); knowing basic facts and having some experiences in making changes (level 3); and successfully making most behaviour changes, but may experience difficult maintaining behaviours over time (level 4) (13). Among respondents, just over half (57%) scored as Level 3 or 4. The mean PAM score was 57.6 (± 12.5 ; range 36 to 100), which is comparable to the mean scores among community samples who rate their own health as 'poor' (14). No significant differences were seen between Indigenous and non-Indigenous respondents.

Table 7.1.8 Patient Activation Measure scores among respondents

	Non-Indigenous		Indigenous		Total	
	n	%	n	%	n	%
Level 1 – disengaged and overwhelmed	12	20	<5	--	16	19
Level 2 – becoming aware, but still struggling	17	28	<5	--	21	24
Level 3 – Taking action	20	33	12	46	32	37
Level 4 – maintaining behaviours and pushing forward	11	18	6	23	17	20
Total	60	100	26	100	86	100

7.2 Safety and respect

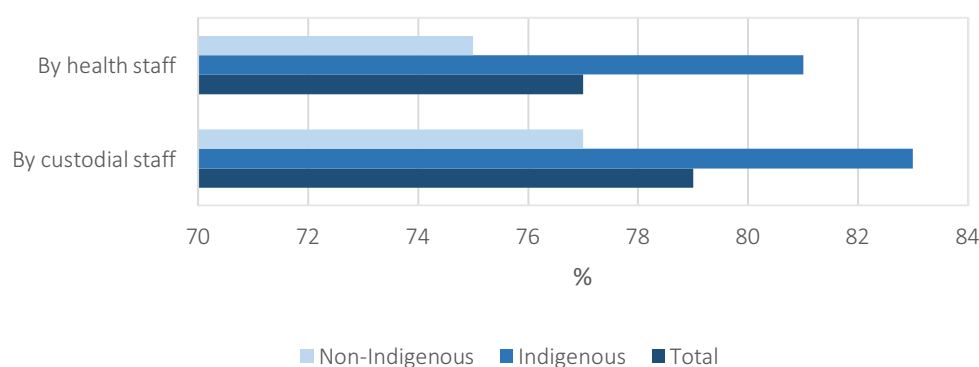
Among respondents, nearly two-thirds (64%) reported observing bullying, harassment or violence between detainees during their current incarceration; 47% reported experiencing bullying, harassment or violence between detainees during their current incarceration (Table 7.2.1).

Table 7.2.1 Observed bullying, harassment or violence between detainees in current incarceration

<i>(multiple responses)</i>	Non-Indigenous		Indigenous		Total	
	n	%	n	%	n	%
Experienced	30	49	11	41	41	47
Observed	41	67	15	56	56	64

Participants were also asked to report whether they felt they were treated with respect and dignity during their current incarceration, by custodial and health staff. Over three-quarters of respondents indicated that they were treated with respect and dignity by custodial staff (79%) and health staff (77%) (Figure 7.2.1).

Figure 7.2.1 Treated with respect and dignity by AMC staff



7.3 Pharmaceuticals

Overall, 85% of respondents were prescribed medication at any time during their incarceration at the AMC. No significant differences were observed between Indigenous and non-Indigenous respondents.

The majority of respondents (79%) reported currently taking one or more medications (range 0 to 7) while incarcerated. No significant difference in the proportions of Indigenous and non-Indigenous respondents taking medications was observed. Eighty-five percent of respondents reported ‘ever’ taking medications. No significant differences were observed between Indigenous and non-Indigenous respondents.

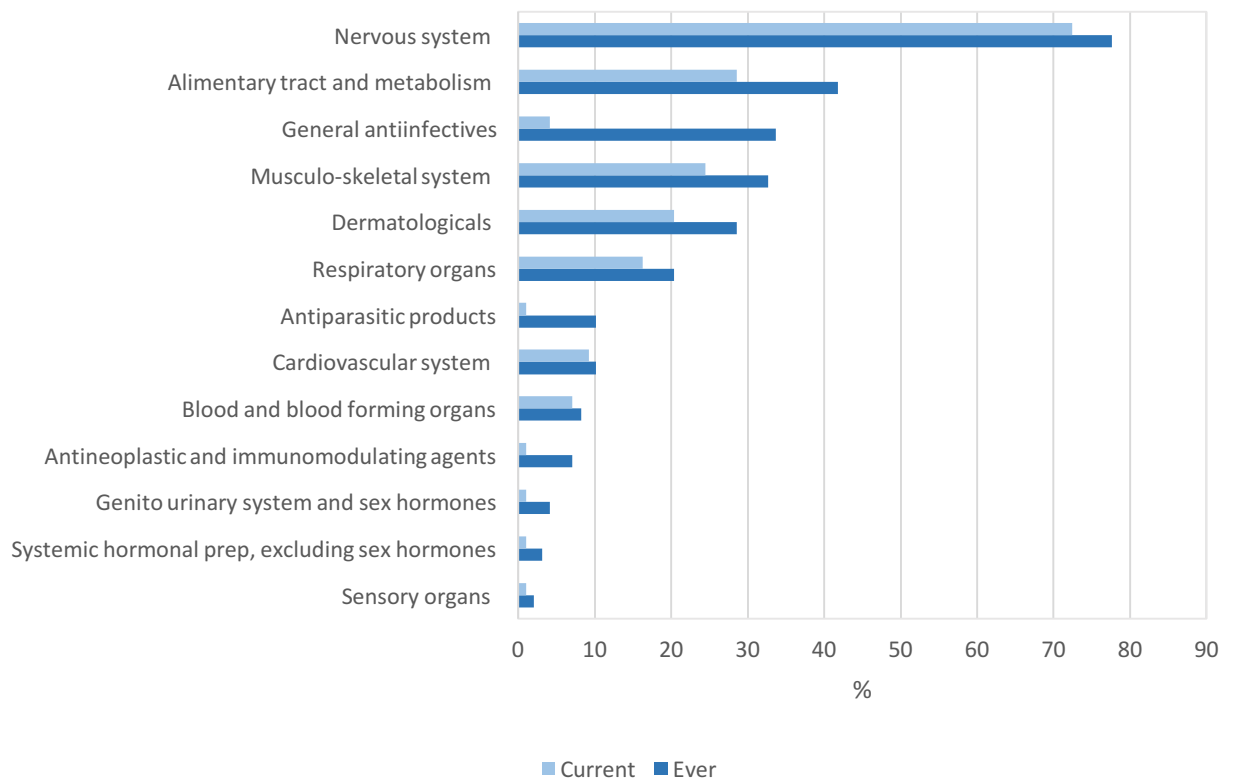
Polypharmacy was common with over half (55%) of all participants currently prescribed two or more medications (Table 7.3.2).

Table 7.3.2 Number of current medications

	Current		Ever	
	n	%	n	%
0	21	21	15	15
1	23	24	17	17
2	25	26	16	16
3	14	14	17	17
4+	15	15	33	34
Total	98	100	98	100

As ascertained from the Anatomical Therapeutic Chemical Classification System (14), the most commonly reported current prescribed medications were for the nervous system (72%), primarily for mental health-related indications. The next most common current prescribed medication categories were for alimentary tract and metabolism (29%), musculo-skeletal system (25%), and dermatologicals (20%) (Figure 7.3.2). A similar pattern was observed for Indigenous and non-Indigenous respondents.

Figure 7.3.2 Current pharmaceutical use



8. Comparison with ACT Inmate Health Survey 2010

This section provides comparison across selected variables to demonstrate differences in responses between the current and 2010 ACT surveys.

This comparison is limited in a number of important ways. First, substantial improvements were made in the 2016 survey, which has led to changes in the questions asked. Consequently, many responses are not comparable across the two surveys. Second, the small sample size of the current survey complicates meaningful comparative analysis. This small sample size is compounded by different denominators, which apply to each variable listed due to missing responses. Finally, differences in the representativeness of the two surveys in relation to gender and Indigenous status limit comparability without disaggregating results (which cannot occur due to small sample size).

In the context of these limitations, comparison with the ACT IHS 2010 should be approached with caution; findings may suggest important differences but drawing conclusions or inferring trends based on these data alone should be avoided. For this reason, we limit the presentation of comparison to this final section of the report, instead of integrating comparisons throughout.

Overall, the 2016 sample was slightly older than that of 2010, and included a greater proportion of females and Aboriginal and/or Torres Strait Islanders (Table 8.1.1).

Table 8.1.1 Selected demographics, ACT DHWS 2016 and ACT IHS 2010 surveys

	2016 DHWS (n = 98) %	ACT IHS 2010 (n = 135) %
Age group		
18 - 24 years	15	33
25 - 34 years	38	35
35 - 44 years	29	19
>44 years	18	13
Sex		
Male	84	92
Female ¹	15	8
Country of birth Australia	88	84
Aboriginal and/or Torres Strait Islander	34	17
Detainee status		
Remandees	40	47
Sentenced	58	47
Lived in ACT previous 12 months	95	82
English spoken at home	95	84

¹2016 survey included one transgender respondent. Denominators may vary due to missing responses.

Overall, a greater proportion of 2016 survey respondents reported having no children than 2010 respondents. Fewer 2016 respondents reported working while in custody and completing an education program prior to their current incarceration (Table 8.1.2).

Table 8.1.2 Selected social determinants, ACT DHWS 2016 and ACT IHS 2010 surveys

	2016 DHWS (n = 98)	ACT IHS 2010 (n = 135)
	%	%
Family status, single	58	51
Family, no children	28	42
Either parent incarcerated when participant was a child	21	19
Ever placed in care before 16 years of age	23 ¹	38
Completed education program in detention	50	65
No accommodation prior to incarceration	20	6
Employed in 6 months prior to prison	44	47
Working while in custody	53	76

¹Response for under 18 years. Denominators may vary due to missing content.

A smaller proportion of 2016 respondents than 2010 respondents reported that they had attempted to quit smoking or would like to quit smoking. A greater proportion reported sharing accommodation with a smoker in prison. Similar proportions of respondents from both surveys were aware of free testing for BBV and STI at the AMC (Table 8.1.3).

Table 8.1.3 Selected health conditions, behaviours and knowledge, ACT DHWS 2016 and ACT IHS 2010 surveys

	2016 DHWS (n = 98)	ACT IHS 2010 (n = 135)
	%	%
Health conditions (current)		
Asthma	20	31
Back problems	33	30
Arthritis	12	6
Diabetes	<5 ¹	1
Self-reported being happy with current weight	46 ²	50
Women's health		
Routine cervical smear past 2 years	77	64
Cervical smear in AMC	50	45
Average age first pregnancy	20 years	20 years
Hospital admission in 12 months prior to survey	23	27
BBV and STI		
Aware of free testing for BBV and STI at AMC	97	93
Hepatitis B surface antigen	3.1	3
HCV Ab+	40	48
HIV	<5 ¹	0
Tobacco		
Commenced smoking while in prison	14	20
Attempted to quit smoking	60	78
Would like to quit smoking	67	80
Share accommodation with a smoker in prison	86	61
Currently on methadone maintenance program	38	53
Ever had suicidal thoughts	53	40

¹ Consistent with ethical requirements, we do not report n when responses were <5; ² Self-reported 'normal' weight, current; Denominators may vary due to missing content.

CONCLUSIONS

Key findings

The social determinants of health, which include structural, cultural and socioeconomic factors, can serve as facilitators or barriers to health behaviours, which in turn can affect health and wellbeing, and access to health services (16, 17). Consistent with the 2010 ACT IHS, along with other jurisdictional and national prisoner health surveys (18, 19), the key findings of the ACT DHWS 2016 point overwhelmingly to the socioeconomic and cultural disadvantage and poor health outcomes among individuals incarcerated in Australian prisons. A summary of these key findings is presented below:

- *Social determinants of health.* Pre-incarceration unemployment (55%) and lack of stable accommodation (21%) was prevalent among respondents, as was low educational attainment. The prevalence of previous incarcerations was also high (68% in ACT; 47% in other jurisdictions).
- *Lifetime disadvantage.* Key findings related to childhood removal from the family home (24%) and parental incarceration (22%) are indicative of disadvantage experienced across the life course. Of importance is the consideration of cultural influences of forced removal among Indigenous Australian detainees and their connection to the Stolen Generations.
- *Overweight, diet and exercise.* Overall, respondents were overweight (as indicated by a mean BMI of 26) but nearly half (48%) self-reported their current weight as 'normal', which, along with generally poor behaviours related to diet, may be suggestive of education requirements around nutrition and weight. 78% of respondents reported walking for sport, recreation or fitness in the past fortnight.
- *Health and wellbeing.* In relation to health conditions experienced across their lives and currently, tooth decay was the most prevalent condition reported (56% and 41%, respectively). The current survey did not capture data related to access to dental services. Poor dental health has been highlighted as a major issue for Australian prisoners (18). Similarly, head injury (52%, and without concussion or black-out 65%) was common among respondents, which is again consistent with national data (18).
- *Mental health and wellbeing.* Mental illness was prevalent among respondents (54% ever diagnosed in lifetime), with one in ten reporting ever attempting suicide.

Despite relatively poor health across a range of measures, health service access appeared to be more prevalent during the current prison episode compared with in the community, which is consistent with previous studies about poor community health service access among people who experience incarceration (18). It is worthwhile noting that far more respondents indicated that they last accessed a general practitioner than a hospital accident and emergency ward.

However, the key findings also suggest some more positive outcomes for detainees at the AMC:

- Over half of respondents (55%) had received an Influenza vaccination in the past year.

- More respondents reported receiving treatment for mental illness during their current incarceration (74%) than in the community (63%).
- Most (97%) respondents were aware of free BBV and STI testing at the AMC, as well as the provision of condoms/dental dams (85%).
- Most respondents (78%) were aware that they could access bleach at the AMC.
- Although the sample was small, most Indigenous respondents rated the health services at the AMC as 'good' or 'excellent'. Most respondents felt that they were treated with respect and dignity by health (77%) and custodial staff (79%).

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