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Mr David Elliot  
Minister of Corrections

via email: [office@elliott.minister.nsw.gov.au](mailto:office@elliott.minister.nsw.gov.au)

Tuesday 02 February  
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Dear Minister of Corrections Mr David Elliot,

**Re: Online counselling services for life prisoners**

Thank you for your letter dated 14<sup>th</sup> of January 2016, sent by Luke Grant in your behalf.

Unfortunately the service you refer to through Justice Health has been generally seen as being ineffectual as shown by the increasing rate of recidivism. Our proposal is fresh, modern and using proven technology for the benefit of all the community in this undeniably challenging situation.

We ask that you at least engage in a pilot programme, in the face of your exposed failure to manage the rising rate of recidivism. Detailed below is our response, which outlines new current information to allow you to reconsider your position.

**Rising Recidivism Rate**

We are aware that CSNSW provides mental health support to inmates through mental health services supervised by Justice Health & Forensic Mental Health Network (JH&FMHN). However it is highly dubious as to whether these services are actually helpful in reducing recidivism and prisoner rehabilitation.

It has been brought to our attention that CSNSW has failed to fulfil its purpose as a corrective services body dealing with reducing prisoners' criminogenic behaviour amidst the rising recidivism rate. In Volume 7 of the 2015 NSW Auditor-General's Report to Parliament, the report found that:

*In the year ended 31<sup>st</sup> of December 2013, the rate of prisoner conviction within one year of release increased from 34.2% to 35.9%.*

In our Online Counselling Proposal, s 1, 2.2, 2.3 and 3.3 provide a comprehensive examination of the effectiveness of online Cognitive Behavioural Therapy as a useful mechanism to reduce recidivism, facilitate rehabilitation and prepare prisoners for their release back into society. It is amidst the Department's inability to fulfil its 'priority of reducing adult re-offending by 5% by 2019', that we question why CSNSW is reluctant to support such a crucial program that has been successful in correctional facilities in the ACT, Victoria and Norway (s 3.3 of the proposal).

### **Fresh innovative approach of online counselling**

While there has been increasing acceptance of online counselling services for the general public, there are numerous special benefits delineated in our Online Counselling Proposal s 1.

In her article; "Social media can fight mental illness" Sydney Morning Herald dated 18/1/2016 (a copy of article is attached to this letter): <http://www.smh.com.au/comment/social-media-isnt-increasing-mental-illness-but-it-can-help-fight-it-20160117-gm7knr.html>; mental health researcher at the Black Dog Institute, Dr Bridianne O'Dea reasserts that "online interactions can be just as meaningful", and "in some instances...even better". The effectiveness of online interactions can be attributed to its ability to holistically target diverse mental health concerns. This is critical as attempting to isolate a single cause oversimplifies the nature of mental illness, which would be prejudicial for participants' mental health. Inmates would benefit from an extensive range of reputed mental health organisations that widely disseminate helpful advice (Blackdog institute and BeyondBlue) along with tailored support from clinically qualified moderators (Headspace and SANE).

### **Inadequate access to quality mental health services**

Referring to your previous letter, it seems to us that CSNSW's main concern with introducing an online counselling service is that it is a medium that is detached from the physical involvement of mental health staff. We are aware about the importance of inmates receiving quality mental health services during their incarceration period. However, it is unjustified that CSNSW only views intervention programs that involve mental health staff to be "appropriate" and "adequate" when the NSW Inspector of Custodial Services' [2015 Full House](#) report found that there has been a quantitative decrease in custodial health workers and quality of the services provided.

While there have been increases in staff directed to both frontline and support services (s5.9), Justice Health staff increases have not been proportionate to the increase in the custodial population (s5.8). At Parklea CC there were 8.89 health staff to every 100 inmates in 2001, this number dropping to 7.91 health staff per 100 inmates in 2014 (s5.8, 5.10, 5.11). This has caused long waiting lists to arise as mental health nurses can only see an average of 6 out of 25-40 patients per day where the average waiting period is 99 days. Considering that prisoners are confined to their cells for 18 hours each day, online counselling presents an opportunity for inmates to use that time productively.

In addition to the decrease in quantity of custodial health workers, there is also evidence of a major decline in the quality of the services being provided. The Inspector of Custodial Services reported instances where Justice Health & the Forensic Mental Health Network filling correctional health positions with underqualified staff, such as the practice of filling a Clinical Nurse specialist position with a Registered Nurse, on the condition that the employee "train up" to the required skill level (S5.12-14). JH&FMHN has also employed Nurse Practitioners to assume greater responsibility in diagnosing and medicating patients, due to the difficulty of employing General Practitioners (GPs) in regional correctional centres (S5.13). The report also noted the high levels of prescription medication used (S5.34).

### **Infrastructure and confidentiality**

In introducing the online counselling service prisoners are able to access quality information and help quickly and anonymously. Staff pointed out the lack of appropriate consulting space at the MRRC (S5.23). They highlighted the fact that there are occasions where the mental health nurse consults people in the communal area of the accommodation unit due to a lack of an available consultation room. Similarly, nurses find it a necessity to sometimes have to conduct their primary health care work at the officer desk in the accommodation area due to a lack of available space.

Such a breach of doctor-patient confidentiality is an extreme issue, as the notion of confidentiality is paramount in the areas of mental health therapy. Such confidentiality is of special significance for the prisoners. In utilising online counselling, it delivers a clear understanding of defined and prioritised confidentiality protocols that exist between patient and counsellor. This would make online counselling especially appropriate for the prison environment, as it would be working to overcome physical and confidentiality obstacles using technology. Furthermore, an online therapist relationship can ensure geographical or physical obstacles do not hinder stability or access to services.

### **Community needs v prison needs**

The 2012 Standard Guidelines for Corrections in Australia stipulates that access to health services for inmates should be at a comparable level to that available in the general community (s 5.26).<sup>1</sup> The multifaceted and complex needs of the prison population undoubtedly necessitate a greater depth in resources, compared to what would be allocated towards an equivalent section of the standard community. The high demand for a range of services makes it imperative that health care is delivered according to need and acuity. Moreover, the Federal Government's recent overhaul of the mental health sector entails the funding of online interventions for mental health and provision of online counselling for mild mental illness, accompanied by Medicare-funded psychiatry for more complex cases. The Government's package includes a centralised online diagnosis and treatment portal.

### **Online services are superior**

In addition, recent studies have demonstrated the greater effectiveness of online counselling programs, as opposed to conventional face-to-face models. Due to the self-guided nature of online counselling, online courses involve minimal contact with therapists. This can be contrasted to face-to-face models, characterised by the close direction of the participant by therapists. Hence participants derive greater personal responsibility from the completion of treatment modules and the handling of depressive behaviour by themselves. This imbues participants with a greater sense of self-worth. Tools offered with online counselling also enable participants to reflect upon even after their treatment has ended.

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<sup>1</sup> Department of Justice, WA, Corrective Services, NSW, Correctional Services, SA, Corrective Services, ACT, Department of Justice, Tasmania, Department of Justice, Victoria, and Department of Justice, NT, Standard guidelines for corrections in Australia, 2012.

MoodGYM is an example of an accredited online program that delivers workshops, tools and personal feedback through virtual interaction. Aiming for early intervention, MoodGYM equips participants with quintessential long-term coping skills, enriching their online experience. Enough is Enough offers similar services.

Moreover, current counselling in prisons has often become corrupted by the discretions granted to prison psychologists, who primarily assess risk and approve parole. Provided the high likelihood of prisoners merely saying what is required in order to attain parole, this jeopardises the purpose of the current services. The effectiveness of current counselling in prisons and its therapeutic nature is therefore nullified. This heightens the need for therapeutic counselling within prisons to be provided by an external and independent service. This should entail a counselling mechanism that is easily enabled by the implementation of online Cognitive Behavioural Therapy programs.

We would like to commence a pilot project urgently. Would you reconsider your position in view of the above contemporaneous information, which we put forward as incontestable facts?

Please acknowledge upon receipt.

Yours sincerely,

Christopher Cornforth  
and the Justice Action Team.

