



Australian Government

Australian Institute of
Health and Welfare

infocus

The health and wellbeing of First Nations people in Australia's prisons 2022

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Aboriginal and Torres Strait Islander (First Nations) people are recognised as the oldest continuous cultures on earth (Commonwealth of Australia 2017). First Nations people have a holistic concept of health and wellbeing, which is recognised and supported in government policies and services (Department of Health 2021).

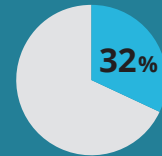
It is important to understand how the past shapes the lives of First Nations Australians today: they have a long history of trauma, cultural dispossession, and forced displacement and assimilation, which affects their physical, mental and social wellbeing.

First Nations people make up a small proportion (3.8%) of the Australian population. Yet they are over-represented in the prison system, making up 32% of the total prison population, and are incarcerated at much higher rates than non-Indigenous Australians (ABS 2023a, 2023b).

In addition to complex health and wellbeing needs, First Nations people in prison may also require access to culturally safe health care services.

About the data

The main data source for this report was the 2022 National Prisoner Health Data Collection (NPHDC), with findings supplemented by data from the Australian Bureau of Statistics (ABS). The NPHDC was conducted over a 2-week period, in all states and territories except Victoria, providing a snapshot of the health and wellbeing of people in Australia's prisons.



On 30 June 2022, there were around **12,900** First Nations people in Australia's prisons, making up **32%** of the total prison population.



- Of **183** First Nations entrants surveyed:
- nearly **2 in 5** (38%) had a current chronic physical health condition
 - more than **2 in 5** (43%) had been told by a health professional that they had a mental health condition at some stage in their lives.



Of 200 First Nations discharges surveyed, almost **3 in 4** (73%) rated the health care they received at the prison clinic **good or excellent**.

AIHW

Most data in the NPHDC is self-reported. The NPHDC consists of 5 forms, each collecting different information:

- Entrants form – Of the 371 prison entrants who participated in the entrants survey, 183 (49%) were First Nations people.
- Dischargees form – Of the 431 prison dischargees who participated in the dischargees survey, 200 (46%) were First Nations people.
- Clinic form – Of the 9,285 First Nations people in participating prisons, 1,556 (17%) visited the prison clinic during the collection period.
- Medications form – Of the 9,285 First Nations people in participating prisons, 1,888 (20%) were dispensed medication on a typical day.
- Establishment form – Of the 75 prison clinics that completed an establishment form, 11 clinics reported receiving visits from Aboriginal Community Controlled Health Organisation (ACCHO) and/or Aboriginal Medical Service (AMS) health professionals.

Further information about the NPHDC, including methodology, sample size considerations, prisons participating in the survey and technical notes can be found online at <https://www.aihw.gov.au/reports/prisoners/the-health-of-people-in-australias-prisons-2022/contents/about>.

Due to small numbers and convenience-based sampling in the NPHDC, it is not appropriate to assume the data presented in this report are representative of all First Nations people in Australia's prisons. No data in the NPHDC have been age-standardised to adjust for different age structures between the First Nations population and the general community. It should also be noted that the age profile for all people in prison differs from that of the general community. No significance testing was undertaken during analysis, therefore results should be interpreted with caution.

Where available, data is presented on the health of First Nations people in the community, to provide additional context. However, the data are not directly comparable due to different sampling techniques and differences in the demographic profile of the populations.

Many of the results from the NPHDC rely on self-reported information, which cannot be validated for accuracy. While the NPHDC is guided by the National Prisoner Health Information Committee (NPHIC), which includes a small number of First Nations researchers, the data items collected mostly reflect a general view of health, rather than being conceptually linked to the holistic concepts of health and wellbeing that First Nations people may have. Data referenced in this report are aggregated at the national level and conclusions drawn from the data cannot be applied at the state and territory levels.

The AIHW manages First Nations data and research in accordance with human research ethics obligations. Additional ethics approvals were granted from the NSW Aboriginal Health and Medical Research Council Human Research Ethics Committee (HREC) and the Australian Institute of Aboriginal and Torres Strait Islander Studies HREC who have an interest in ensuring research has a positive impact for First Nations people. Further information about the ethical and privacy processes followed can be found online at <https://www.aihw.gov.au/reports/prisoners/the-health-of-people-in-australias-prisons-2022/contents/introduction/what-ethical-and-privacy-processes-are-followed>.

Over-representation of First Nations people in prison

In Australia, there is a long history of over-representation of First Nations youths and adults in custodial settings. First Nations adults are incarcerated at about 14 times the rate of non-Indigenous adults (age-standardised rate of about 2,200 per 100,000 compared with an age-standardised rate of about 150 per 100,000) (ABS 2023b).

It is important to understand how the past shapes the lives of First Nations people in Australia today: their long history of trauma, cultural dispossession, and forced displacement and assimilation, affects their physical, mental and social wellbeing. Disconnection from family and kinship systems, from Country, from spirituality and cultural practices, are sources of trauma that can be passed from caregiver to child.

Historical policies such as the forcible removal of children, leading to what is now known as the Stolen Generations, have long-term consequences, including enduring social, physical and psychological impacts for those directly involved and their families and communities. The over-representation of First Nations people in the criminal justice system reflects this history and the ongoing trauma and stressors that have affected their parents, families and communities.

In 2020, the Joint Council on Closing the Gap agreed to the National Agreement on Closing the Gap. The goal of the National Agreement is to overcome the entrenched inequality faced by many First Nations people, so that their life outcomes are equal to all Australians. The National Agreement is built around 4 Priority Reform outcomes and 19 socioeconomic targets. Interdependencies among the Priority Reforms can affect progress in reducing adult incarceration (Productivity Commission 2024).

Target 10 of the National Agreement is that First Nations people are not over-represented in the criminal justice system. By 2031, this target seeks to reduce the rate of First Nations adults held in incarceration by at least 15% (from an age-standardised rate of about 2,100 per 100,000 adults in 2019 to about 1,800 per 100,000 adults in 2031) (AIHW 2023a).

Other nations with colonial histories comparable to Australia's have similar challenges, with First Nations peoples incarcerated at rates higher than those for non-Indigenous people (Cunneen and Tauri 2019). In Canada, Indigenous adults were incarcerated at about 11 times the rate of non-Indigenous adults (425 per 100,000 compared with 40 per 100,000) in 2020–21 (Robinson et al. 2023). In New Zealand, Māori people are incarcerated at about 7 times the rate of European New Zealanders (670 per 100,000 compared with 90 per 100,000) (Burrows et al. 2019). In the United States, American Indian and Alaskan Native adults had the second highest incarceration rates among racial and ethnic groups in 2021, being incarcerated at a rate of about 1,000 per 100,000 (Carson 2022).

Who are the First Nations people in prison?

On 30 June 2022, there were about 12,900 First Nations people in Australia's prisons, making up 32% of the total prison population (ABS 2023b). First Nations people made up only 3.8% of the Australian population in 2021 (ABS 2023a). At 30 June 2022:

- one in 5 (20%) First Nations people in prison were aged 30-34, with the median age being 33 years
- almost 4 in 5 (78%, or about 10,000 people) had a prior adult imprisonment
- more than 9 in 10 (91%) were male and fewer than 1 in 10 (9%) were female
- about 2 in 5 (39%) of the total females in prison were First Nations. First Nations females were incarcerated at 19 times the rate of non-Indigenous females (age-standardised rate of about 390 per 100,000 compared with 20 per 100,000)

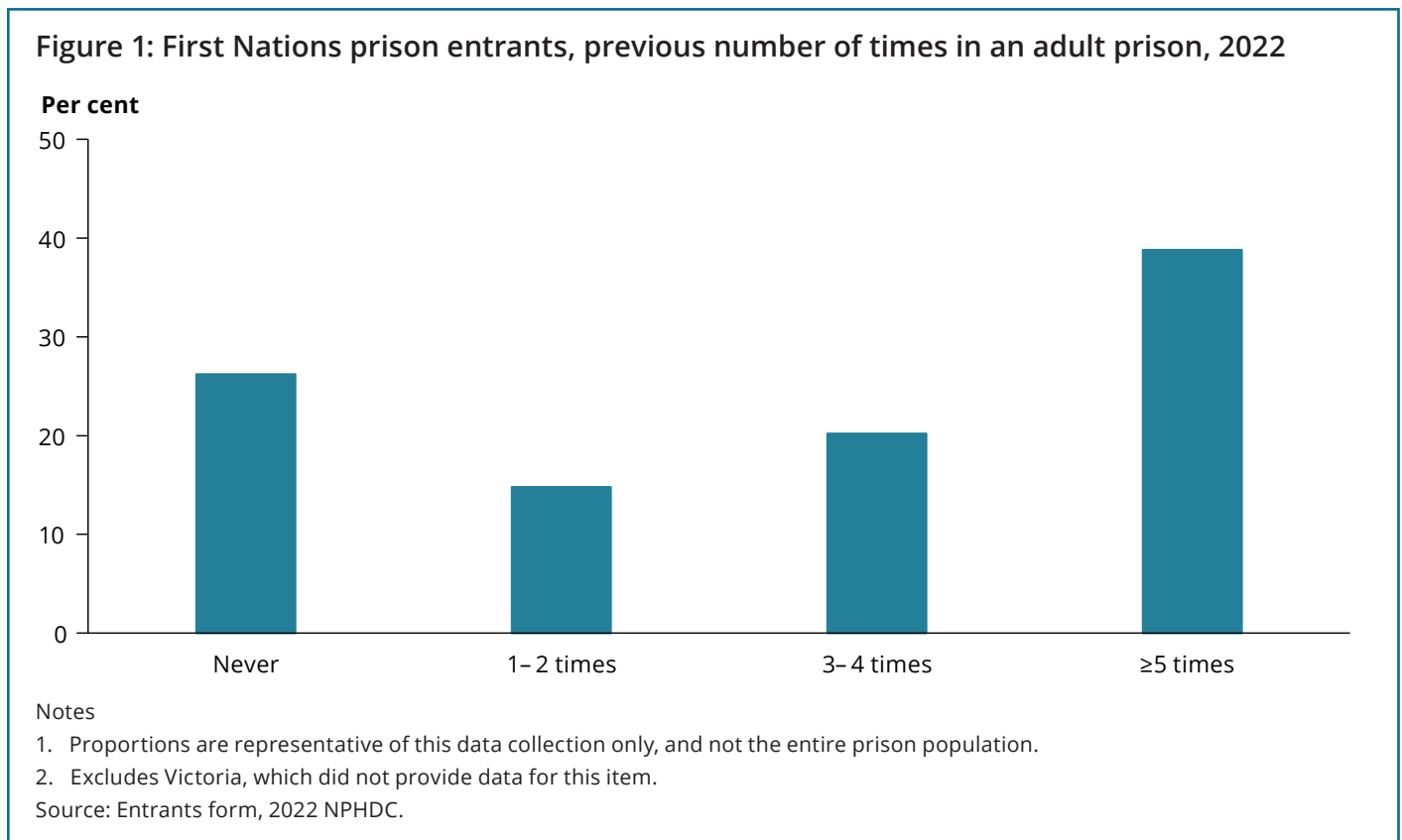
- almost 1 in 3 (31%) of the total males in prison were First Nations. First Nations males were incarcerated at 14 times the rate of non-Indigenous males (age-standardised rate of about 3,900 per 100,000 compared with about 280 per 100,000) (ABS 2023a).

The most common serious offence/charge committed by First Nations people that resulted in their incarceration were:

- acts intended to cause injury (38% or about 2 in 5 people)
- unlawful entry with intent (11% or about 1 in 10 people)
- sexual assault and related offences (10% or 1 in 10 people)
- robbery/extortion (9.1% or almost 1 in 10 people) (ABS 2023a).

In the 2022 NPHDC, 183 of the 371 prison entrants (49%), and 200 of the 431 prison discharges (46%) were First Nations people.

About 2 in 5 First Nations prison entrants (39%) had been in prison 5 or more times, 20% had been in prison between 3 and 4 times, 15% had been in prison between 1 and 2 times, and 26% had never been in prison before (Figure 1).



Almost half (45%) of First Nations prison entrants reported they had been in prison in the previous 12 months while 40% report they had not been in prison in the previous 12 months.

Why is the health of First Nations people in prison important?

A large proportion of prison stays are temporary. On 30 June 2022, 2 in 5 (39%, or about 5,000) of the 12,900 First Nations people in Australian prisons were on remand while awaiting trial or sentencing. The median time First Nations people who were sentenced could expect to serve was 1.4 years (ABS 2023a). This means people are constantly entering and being released from prison. With more than 23,400 receptions into and 22,800 releases out of prison each year, the health of First Nations people in prison is a part of public health (ABS 2023c).

What policies or standards guide the provision of health care to First Nations people in prison?

In Australia, there has been increasing recognition that improving cultural safety for First Nations people using health care services can improve access to, and the quality of health care. This means a health system where First Nations cultural values, strengths and differences are respected, and racism and inequity are addressed. Public health for First Nations people needs to be culturally safe, and embody the Aboriginal definition of health.

The National Aboriginal Community Controlled Health Organisation (NACCHO) defines Aboriginal health as 'not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their Community. It is a whole of life view and includes the cyclical concept of life-death-life' (NACCHO n.d.).

The importance of cultural respect and cultural safety is outlined in Australian government frameworks and plans, including:

- National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023
- National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031
- Cultural Respect Framework 2016–2026 for Aboriginal and Torres Strait Islander Health
- National Aboriginal and Torres Strait Islander Health Plan 2021–2031.

In 2017, the National Indigenous Australians Agency (NIAA) released the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023. This framework provides a comprehensive and culturally appropriate stepped care model that could be applied to both First Nations-specific and mainstream health services (NIAA 2017). In this framework, Outcome 3.2 – 'Equality of mental health outcomes is achieved across the Aboriginal and Torres Strait Islander population' includes the following strategies for people in prison:

- Develop strategies to support the mental health and social and emotional wellbeing of people in prison.
- Develop partnerships between Aboriginal Community Controlled Health Services and prison health services to support the social and emotional wellbeing, and meet the mental health needs of people in prison.
- Support people in post-release, when the risk of recidivism, drug and alcohol misuse and suicide is high (NIAA 2017).

Increasing representation of First Nations people in the health workforce and reducing institutional and organisational barriers – such as racism – to retaining First Nations people in the health workforce is a key pathway to improving cultural safety in health care. This is a focus of the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031. This framework outlines strategic directions to support a strong First Nations workforce, to deliver better outcomes for First Nations people (Department of Health 2022).

National and international standards guide the provision of health care to people in prison, including the 'Mandela Rules' (United Nations 2015) and Guiding Principles for Corrections in Australia – revised 2018 (CSAC 2018). For more information on the 'Mandela Rules' and Guiding Principles for Corrections in Australia refer to the report [The health of people in Australia's prisons 2022](#).

The Australian Institute of Criminology monitors deaths in custody through the National Deaths in Custody Program, which was established in 1992 following the Royal Commission into Aboriginal Deaths in Custody.

Social and economic background of First Nations people in prison

The factors contributing to the health status of First Nations people should be seen within the context of the social determinants of health. Social determinants of health – factors such as socioeconomic position, conditions of employment, housing and education – act together to strengthen or undermine the health of individuals and communities. Social determinants of health have an important influence on health inequities, and can be more important than health care or lifestyle choices in influencing health outcomes (WHO 2022). For First Nations people, additional factors such as cultural identity, family and kinship, Country and caring for Country, knowledge and beliefs, language and participation in cultural activities and access to traditional lands are key determinants of health and wellbeing (AIHW 2022).

People in contact with the criminal justice system have higher rates of homelessness and unemployment, and often come from socioeconomically disadvantaged backgrounds. People leaving prison are members of society who need employment, housing and other support services in the community to maintain and improve health and wellbeing, and reduce the likelihood of returning to prison (AIHW 2023b).

Existing social and health determinants put First Nations people who have spent time in prison at higher risk of poor health due to an increased exposure to behavioural and environmental health risk factors (Shepherd et al. 2020).

Education

First Nations people have a lower level of overall participation in education than non-Indigenous Australians. A lack of recognition by schools of First Nations culture and history, failure to fully engage parents, carers and the community, and ongoing disadvantages in the daily lives of First Nations people are factors which contribute to lower educational attainment (Purdie and Buckley 2010).

First Nations prison entrants in the 2022 NPHDC were 4 times less likely to have completed year 12 than First Nations adults in the general community.

In the general community in 2021, about 1 in 9 (11%) First Nations adults' highest level of completed schooling was year 9 or below, about 1 in 3 (30%) had completed up to year 10, 13% had completed up to year 11 and 2 in 5 (40%) had completed year 12 (AIHW 2023c).

In the 2022 NPHDC, almost half (48%) of First Nations prison entrants' highest level of completed schooling was year 9 or below, almost 3 in 10 (27%) had completed up to year 10, 14% had completed up to year 11, and 1 in 10 (10%) had completed year 12.

While in prison, almost 1 in 4 (23%) First Nations discharges completed a qualification. Almost 1 in 5 (19%) First Nations discharges completed a trade certificate and 1 in 20 (4.5%) completed secondary schooling.

Employment

Rates of employment among First Nations prison entrants in the 30 days before prison were lower than for First Nations people of working age in the general community. In the 2021 Census of Population and Housing, over half (52%) of First Nations people aged 15–64 were employed, 7.4% were unemployed, and 40% were not in the labour force (AIHW 2023d).

In the 2022 NPHDC, about 1 in 3 (32%) First Nations prison entrants were employed in the 30 days before prison, 1 in 3 (32%) were unemployed and looking for work, 1 in 4 (25%) were unemployed and not looking for work, and 10% were unable to work due to disability, age or a health condition.

Fewer than 2 in 5 (39%) First Nations prison discharges had some form of employment (full-time, part-time or casual/contract) organised to start within 2 weeks of release from prison, while almost 2 in 3 (61%) had no employment organised.

Housing

Over half (54%) of First Nations prison entrants had experienced homelessness in the 30 days before prison. Almost half (46%) of all First Nations entrants had been staying in short-term or emergency accommodation in the previous month, while 1 in 10 (9.8%) had been sleeping rough. Less than half (44%) of First Nations entrants had been staying in their own accommodation or rental agreement in the 30 days before entering prison.

Nearly half (48%) of First Nations prison discharges expected to be staying in their own accommodation or rental agreement on release. More than half (53%) expected to be homeless on release; with 49% expecting to stay in short-term or emergency accommodation, and 3.5% expecting to sleep rough.

In the general community, estimates from the 2021 Census of Population and Housing indicate that about 24,900 First Nations people (3.1% of the First Nations population) were homeless on Census night. This represents 1 in 5 (20%) of all people experiencing homelessness in Australia (ABS 2023d, AIHW2023e).

Family

Almost half (47%) of First Nations prison entrants were parents, while 43% reported having no children.

Prison discharges were asked about their contact with family, friends and/or elders in the previous 4 weeks. Among First Nations discharges, about 4 in 5 (79%) received contact from family, friends and/or elders in the previous 4 weeks while 1 in 5 (21%) had not received any contact in that period. Three-quarters (75%) of First Nations discharges had received phone calls, one-quarter (25%) had received visits and 1 in 7 (14%) had received letters.

Intergenerational imprisonment

Around 1 in 3 First Nations prison entrants (36%) had a parent or carer (including a relative/kin, foster or other carer) in prison during their childhood. First Nations prison entrants were more likely to report having a father (28%) in prison during their childhood than a mother (12%).

What health and wellbeing issues do First Nations people in prison experience?

Physical health and wellbeing

Chronic physical health conditions

About half (49%) of First Nations prison entrants reported a history of a chronic physical condition (asthma, arthritis, back problem, cancer, cardiovascular disease, chronic kidney disease, diabetes, osteoporosis, and/or pulmonary disease).

Almost 2 in 5 (38%) First Nations prison entrants were experiencing a current chronic condition:

- 18% had a back problem
- 17% had asthma
- 12% had arthritis
- 9.8% had a cardiovascular disease
- 8.2% had diabetes
- 2.7% had a chronic kidney disease
- 1.6% had a pulmonary disease
- less than 1.0% had osteoporosis.

Data from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey show that in the general community, 16% of First Nations people had asthma, 15% had cardiovascular disease, 13% had a back problem, and 11% had arthritis (ABS 2019).

One in 4 (25%) First Nations prison discharges were diagnosed with a health condition for the first time while in prison.

Disability

About 1 in 3 (32%) First Nations prison entrants reported that a long-term health condition or disability affected their participation in education (12%), employment (14%), or everyday activities (27%).

Core activity limitations are those that affect a person's ability to undertake the 'core activities' of daily life in self-care, mobility, and/or communication. One in 10 (10%) First Nations prison entrants had a profound or severe core activity limitation. In the 2021 Census of Population and Housing, about 1 in 10 (9.2%) First Nations people over 18 years of age had a profound or severe core activity limitation (AIHW analysis of ABS 2022).

Head injury

One-third (33%) of First Nations prison entrants had a history of receiving a head injury that resulted in a loss of consciousness. One-fifth (19%) noticed symptoms (including headaches, or changes in memory, behaviours or mood) from a head injury resulting in a loss of consciousness, and about 1 in 6 (18%) were still experiencing symptoms.

About 1 in 13 (7.5%) First Nations prison discharges sustained a head injury during their current incarceration that resulted in a loss of consciousness. Fewer than 1 in 20 (4.5%) noticed symptoms from a head injury in prison that had resulted in a loss of consciousness. Of all First Nations discharges, 3.5% were still experiencing symptoms.

In 2020–21, there were about 10,600 hospitalisations due to head injuries for First Nations people. Over half (55%) of these were for males, who had higher rates of head injury hospitalisations than females (1,300 per 100,000 compared with 1,200 per 100,000, respectively) (AIHW 2023f).

Mental health and wellbeing

Mental health condition

More than 2 in 5 (43%) First Nations prison entrants had ever been told by a health professional that they had a mental health or behavioural condition (including alcohol and other drug use disorders).

Recent psychological distress

Entering and leaving prison can be highly stressful for people in the prison system. The experience of being in prison; the prison environment; relationships with other prisoners; housing and employment issues; and concerns around alcohol and other drug use including withdrawal might all be potential causes of concern and distress. For First Nations people in prison, being separated from their families and communities, which make up a large part of their culture, can be especially distressing (Rose et al. 2019).

First Nations prison entrants and discharges were asked about their recent psychological distress levels via the Kessler 10 (K10) scale. About one-third (32%) of prison entrants scored high or very high levels of psychological distress. About 1 in 5 (21%) prison entrants scored moderate, and 44% scored low levels of psychological distress. First Nations prison discharges were less likely to score high or very high (21%) levels of psychological distress, with 17% of prison discharges scoring moderate, and 56% scoring low levels of psychological distress.

Self-harm

Prison entrants were asked if they had ever intentionally harmed themselves, and if they had thoughts of harming themselves in the last 12 months. About 1 in 7 (15%) First Nations prison entrants reported a history of self-harm. Similarly, about 1 in 8 (13%) First Nations prison entrants reported having thoughts of self-harm in the previous 12 months.

Prison discharges were asked if they had ever intentionally harmed themselves before their current incarceration and if they had intentionally harmed themselves during their current period in prison. Almost 1 in 6 (17%) First Nations prison discharges reported a history of self-harm before their current incarceration. The proportion of prison discharges reporting intentionally harming themselves in prison was lower than for those reporting having self-harmed at some stage in their lives. One in 25 (4.0%) First Nations prison discharges reported having harmed themselves during their current period in prison.

Substance use

Tobacco smoking

Around two-thirds (67%) of First Nations prison entrants reported they were daily smokers on entry to prison, while 12% were weekly or irregular smokers. About 1 in 10 (11%) were ex-smokers and 10% had never smoked. In the general community, the National Drug Strategy Household Survey indicates that less than one-third (28%) of First Nations adults smoked daily and 6.6% were weekly or irregular smokers (AIHW 2020).

Prison entrants were asked about their household's exposure to smoking in the previous 12 months. Around 2 in 3 (67%) First Nations prison entrants reported they were exposed to smoke inside the home, while around 1 in 5 (22%) reported being exposed to smoke by someone outside the home. Fewer than 1 in 10 (8.2%) reported having no-one at home who regularly smoked.

Almost 4 in 5 (78%) First Nations prison discharges reported smoking on entry to prison. The proportion of First Nations discharges who intended to smoke on release from prison was similar in prisons with and without smoking bans. In prisons with smoking bans (58 out of the 73 NPHDC participating prisons), 55% of First Nations discharges intended to smoke on release. In prisons that allowed smoking (15 out of the 73 NPHDC participating prisons), 56% of First Nations discharges intended to smoke on release.

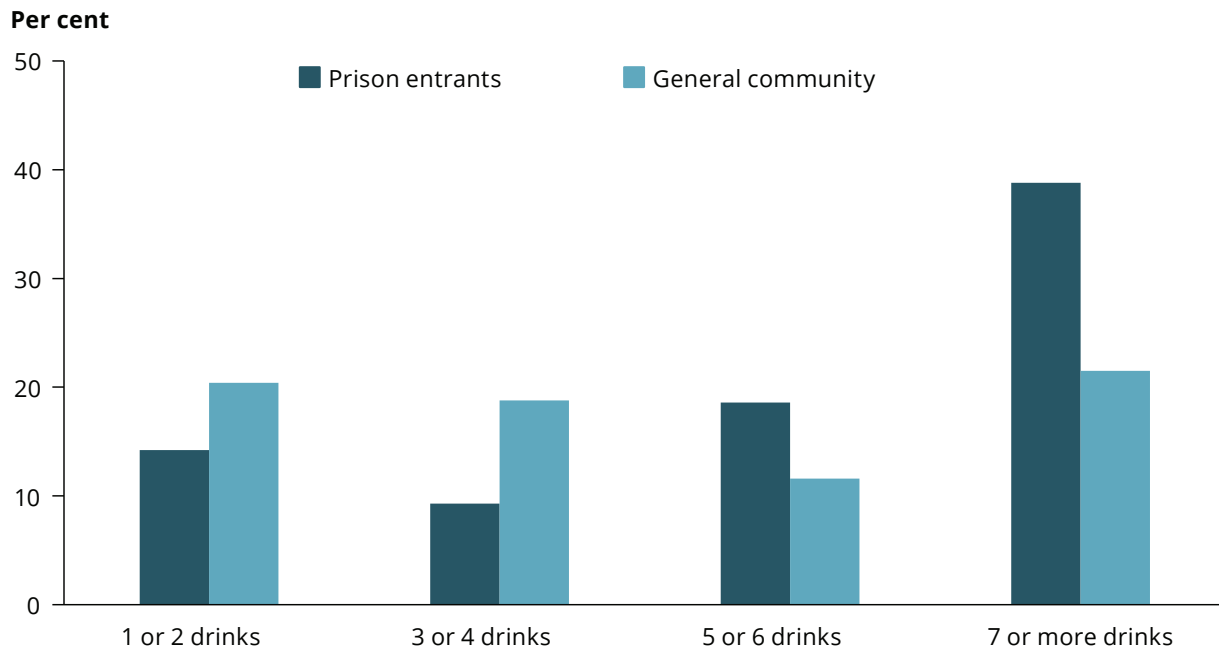
Alcohol use

More than half (56%) of First Nations prison entrants were at high risk of alcohol-related harm, and one-quarter (24%) were at low risk of alcohol-related harm (as measured by the World Health Organization's Alcohol Use Disorder Identification Test, the AUDIT-C) in the previous 12 months.

On a typical day of drinking in the previous 12 months, 2 in 5 (39%) First Nations prison entrants consumed 7 or more drinks, 1 in 5 (19%) consumed 5 or 6 drinks, and about 1 in 4 (24%) would consume between 1 and 4 drinks (Figure 2). About 1 in 5 (19%) First Nations prison entrants did not drink alcohol in the previous 12 months.

Findings from the 2019 National Drug Strategy Household Survey show that in the general community, about 1 in 5 (21%) First Nations adults would drink 7 or more drinks on a typical day when drinking (Figure 2) (AIHW 2020). About 1 in 9 (12%) First Nations adults reported drinking 5 to 6 drinks, and 2 in 5 (39%) would drink 1 to 4 drinks on a typical day when drinking. More than one-quarter (28%) of First Nations adults did not consume alcohol in the previous 12 months.

Figure 2: First Nations prison entrants (2022) and First Nations general community (2019), self-reported number of standard drinks on a typical day of drinking in the previous 12 months



Notes

- 1. Proportions are representative of this data collection only, and not the entire prison population.
- 2. Excludes Victoria, which did not provide data for this item.

Source: AIHW 2020; Entrants form, 2022 NPHDC.

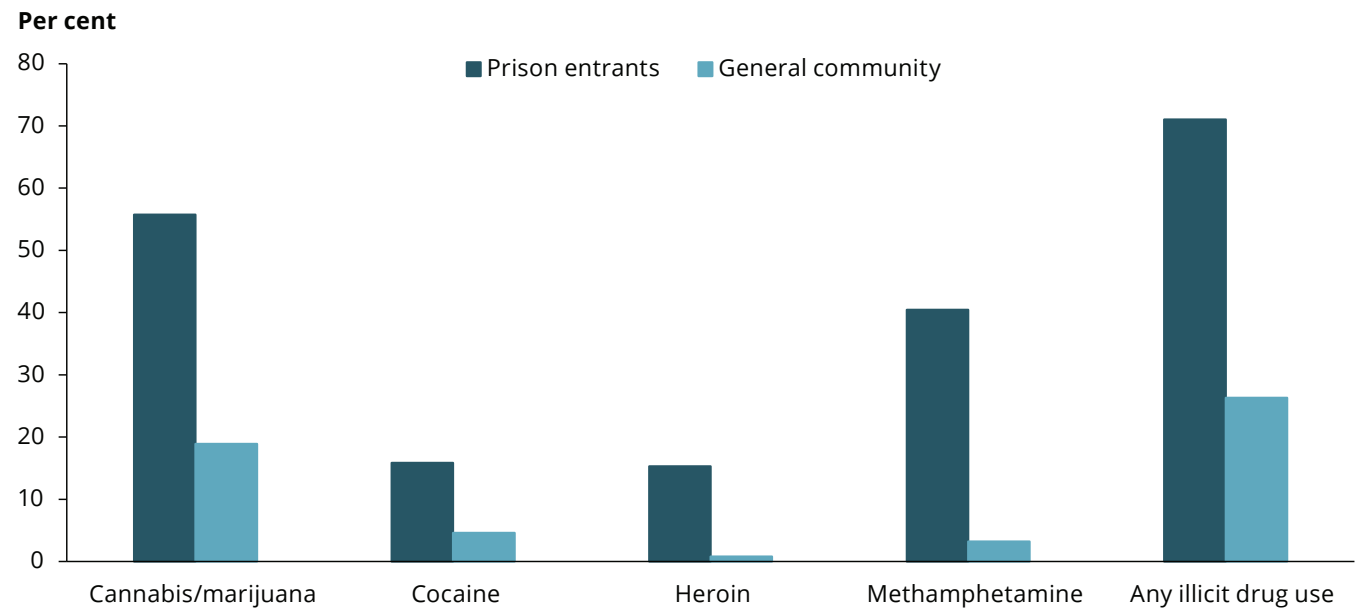
Illicit drug use

Around 7 in 10 (71%) First Nations prison entrants reported using illicit substances in the previous 12 months while 29% reported they had not. Among First Nations prison entrants, in the previous 12 months:

- 56% had used cannabis
- 40% had used meth/amphetamines
- 16% had used cocaine
- 16% had misused analgesics or pain killers
- 5% had used heroin.

Rates of illicit drug use were higher among First Nations prison entrants than First Nations adults in the general community. In 2019, about 1 in 4 (26%) First Nations adults in the community had used illicit drugs in the previous 12 months (Figure 3) (AIHW 2020). Among First Nations adults in the community, the most commonly used illicit drugs were cannabis (19%), pain killers/pain relievers and opioids (5.6%) and cocaine (4.6%) (AIHW 2020).

Figure 3: First Nations prison entrants (2022) and First Nations general community (2019), self-reported illicit drug use in the previous 12 months, by drug type



Notes

- 1. Proportions are representative of this data collection only, and not the entire prison population.
 - 2. Excludes Victoria, which did not provide data for this item.
- Source: AIHW 2020; Entrants form, 2022 NPHDC.

About 2 in 5 (41%) First Nations prison discharges reported using illicit drugs in prison while 55% reported no illicit drug use in prison.

Injecting drug use

Prison entrants were asked whether they had ever injected drugs, and about their frequency of use of injecting drugs. Almost one-third (28%) of First Nations prison entrants reported they had injected drugs at some stage in their lives.

Of those prison entrants who reported injecting drugs at some stage in their lives, 48% reported they had injected drugs very often in the last 12 months, 12% reported they injected drugs often, 31% reported injecting drugs sometimes, and 9.6% reported never injecting in the same period.

Prison discharges were asked if they had injected drugs during their current time in prison. About 1 in 6 (16%) First Nations prison discharges reported injecting drugs while in prison.

Health services in prison

Culturally appropriate health care

Culturally appropriate care can be delivered in many ways, including through ACCHOs and AMS services. All prison clinic health staff are expected to provide culturally appropriate care in line with models of care for First Nations people in prison. Therefore, First Nations people in prison were asked whether they had received culturally appropriate care while in prison.

Of 200 First Nations prison discharges, nearly two-thirds (65%) reported they received culturally appropriate health care in prison. First Nations male discharges were less likely to report receiving culturally appropriate health care (63%) than First Nations female discharges (76%). First Nations discharges aged 25–34 were the group most likely to report that they received culturally safe health care in prison (68%), while those aged 18–24 were the least likely (61%).

It should be noted that the NPHDC does not define what culturally safe or culturally appropriate health care is to participants.

Aboriginal Community Controlled Health Organisations and Aboriginal Medical Services in prison

ACCHO and AMS services provide culturally appropriate and comprehensive health care services, including health education, health promotion, social and emotional wellbeing support (Pettit et al. 2019).

There are 145 ACCHOs operating across Australia (NACCHO n.d.). However, only a small number of prisons currently have ACCHOs visiting to assist with the delivery of health care. ACCHOs in Australia are subject to funding shortages and are often over-stretched in their ability to service the people in their communities (Moran et al. 2014, NACCHO n.d.). This limits their capacity to reach all communities in need, including prisons where First Nations people make up a substantial portion of the population.

Health services for people in prison – including funding for ACCHOs to visit prisons – are the responsibility of state and territory governments. As people in prison are ineligible to receive the Medicare Benefits Schedule (Medicare), if ACCHOs are under-funded, or funding ends, then program delivery access is stopped or suspended, as Medicare services cannot be claimed when delivering ACCHO services to people in prison (Pettit et al. 2019).

Of 200 First Nations discharges, 26% reported receiving ACCHO or AMS services while in prison while 66% reported they did not. ACCHO or AMS visits were more commonly reported among female discharges (42%) than male discharges (22%).

Almost 1 in 5 (18%) First Nations prison discharges received health care, 7.5% received legal support, 7.0% received alcohol and other drug services and 7.0% received social and emotional wellbeing services, from an ACCHO or AMS service while in prison.

Fifteen per cent of NPHDC participating prisons received visits by ACCHO and/or AMS health professionals daily, weekly or monthly. Of the 11 prisons that reported receiving visits from ACCHO and/or AMS health professionals, the visits occurred at least weekly in nearly half of the facilities (45%), at least monthly in 36% of them and daily in 18% of them.

Visiting health professionals from ACCHOs and/or AMSs were most likely to be Aboriginal Health Workers (at 7 prison facilities), but also included counsellors (at 4 facilities), doctors (at 3 facilities), psychologists (at 3 facilities), social workers (at 2 facilities) and alcohol and other drug practitioners (at 2 facilities).

Seventy-six per cent of participating prisons reported never receiving visits from ACCHO and/or AMS health professionals.

Access and appropriateness of health services

Prison discharges were asked if they could easily see a doctor or nurse when required while they were in prison. Almost 2 in 3 First Nations discharges (64%) reported they could easily see a doctor or nurse when they were in prison while 1 in 3 (33%) reported they could not.

Prison discharges were also asked whether they had visited the prison clinic during their time in prison, and to rate the health care they received in the clinic. About 9 in 10 (92%) First Nations prison discharges reported visiting the prison clinic while in prison. Almost three-quarters (73%) of First Nations discharges rated the health care they received in prison as excellent or good, 15% reported it was neither good nor poor, and 9.8% rated it as poor or very poor.

Clinic consultations

During the 2-week data collection period, 1,556 (17%) of the 9,258 First Nations people in participating prisons visited the prison clinic. Of the 2,252 clinic visits during the 2-week collection period that were attended by First Nations people:

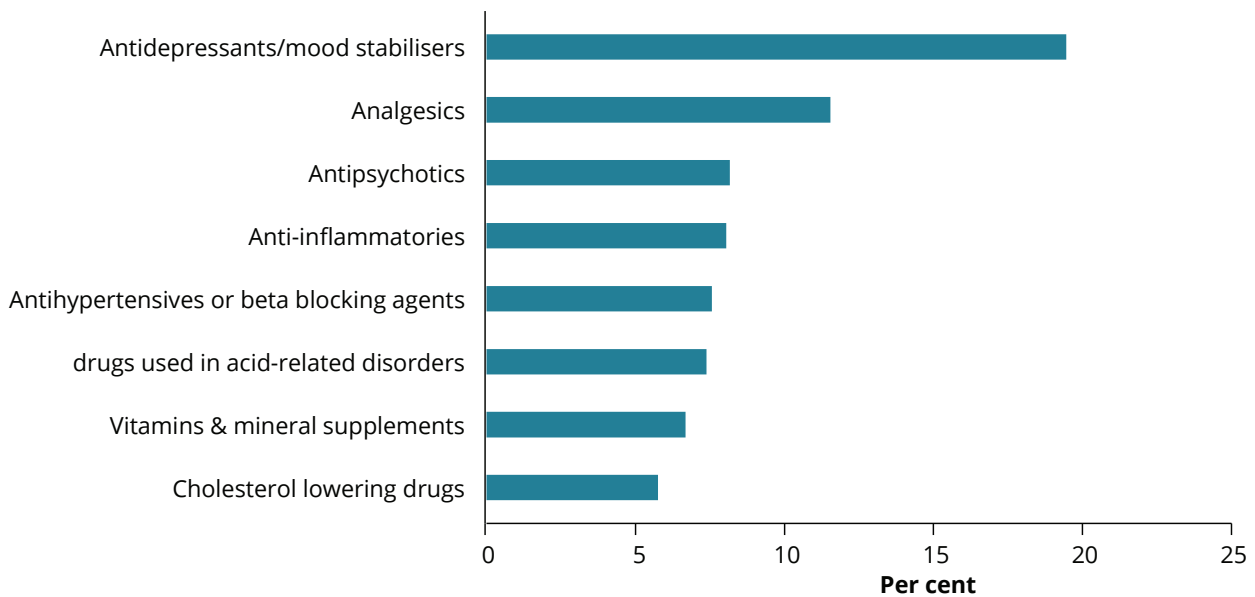
- 14% were to receive medicine or vaccination
- 12% were for diabetes
- 10% were for psychology or mental health
- 8.0% were for alcohol or drug use
- 7.8% were for pathology.

Medications

On a typical day in participating prisons, 1 in 5 (20%) First Nations people in custody were dispensed medication. The NPHDC captured 5,094 medications dispensed to First Nations people in custody. Of the medications dispensed to First Nations people in prison, the most common were:

- antidepressants/mood stabilisers (20%)
- analgesics (12%)
- antipsychotics (8.2%)
- anti-inflammatories (8.0%)
- antihypertensives or beta blocking agents (7.6%) (Figure 4).

Figure 4: Selected prescription medications dispensed to First Nations people in custody, by type of medication, 2022



Notes

- 1. Proportions are representative of this data collection only, and not the entire prison population.
 - 2. Excludes Victoria, which did not provide data for this item.
- Source: Medication form, 2022 NPHDC.

How prepared are First Nations people for release from prison?

General preparedness

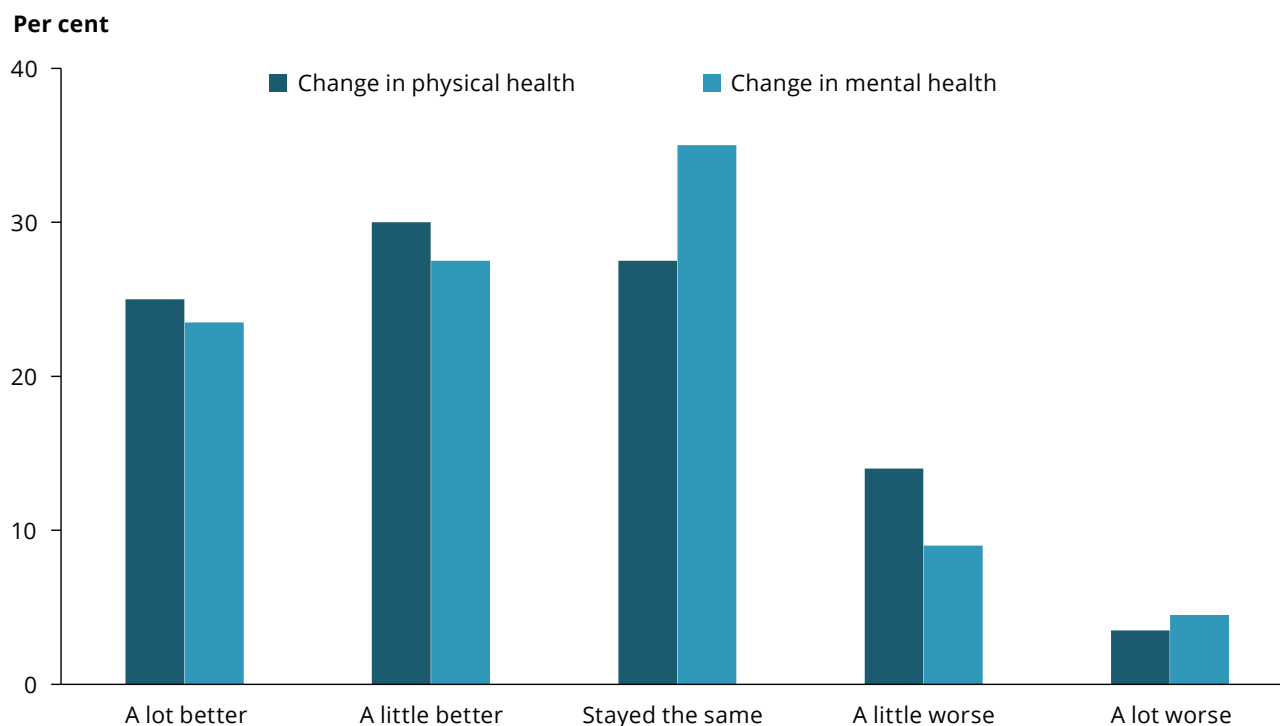
Prison discharges were asked how prepared they felt about their upcoming release from prison. About 9 in 10 (90%) First Nations prison discharges reported that they felt either very prepared (48%) or prepared (42%), with only 6% reporting they felt underprepared and 3.5% reporting they felt very unprepared.

Health at release

Prison discharges were asked to rate their current physical health and how their physical health changed during their time in prison. Almost half (45%) of First Nations prison discharges rated their physical health as very good or excellent, 38% rated it as good and 18% rated it as fair or poor.

Prison discharges were asked to rate their change in physical health while in prison. More than half (55%) of First Nations prison discharges reported their physical health improved while in prison. One-quarter (25%) reported it had become a lot better, and 30% reported it became a little better (Figure 5). About one-quarter (28%) reported their physical health stayed the same while in prison. About 1 in 7 (14%) reported it had become a little worse and 3.5% reported it had become a lot worse while in prison.

Figure 5: First Nations prison discharges, self-assessed change in physical and mental health status in prison, 2022



Notes

1. Proportions are representative of this data collection only, and not the entire prison population.
2. Excludes Victoria, which did not provide data for this item.
3. Excludes unknowns.

Source: Dischargees form, 2022 NPHDC.

About 2 in 5 (41%) First Nations prison discharges rated their mental health as excellent or very good, 40% rated it as good and 20% rated it as fair or poor.

Of First Nations discharges, 51% reported that their mental health had improved while in prison. Almost one-quarter (24%) reported it had become a lot better, and 28% reported it had become a little better (Figure 5). About 1 in 3 (35%) reported their mental health had stayed the same while in prison. About 1 in 10 (9.0%) reported their mental health had become a little worse, and 4.5% reported it had become a lot worse.

Health services after release

About 2 in 5 (41%) First Nations prison discharges had a referral or appointment to see a health professional after release while 55% reported they did not.

More than 9 in 10 (93%) First Nations prison discharges reported they would be enrolled in Medicare and able to access services from the day of their release, while 1.0% reported they would not, and 6.5% reported they did not know if they would.

Summary and future directions

The NPHDC aims to fill an information gap about the health of people who come into contact with Australia’s prison system. This population is overrepresented by First Nations people who are incarcerated at higher rates than non-Indigenous people (ABS 2023a).

As noted in 'About the data', the NPHDC data presented in this report are limited by the small number of First Nations people in the collection and should be interpreted with caution.

Larger sample sizes would allow for a more detailed exploration of the health and wellbeing needs of First Nations people.

Further, the NPHDC data are largely biomedical and could benefit from amending survey questions to receive better qualitative data reflecting:

- First Nations cultural and social dimensions of health and wellbeing
- delivery of culturally respectful health care services
- system issues that influence the health and wellbeing of First Nations people in the criminal justice system.

A future aim of the NPHDC is to collect much of the data through by-products of jurisdictional administrative systems, rather than as the current entirely separate survey data collection, which depends mostly on self-reported responses. This would allow for a much larger and more representative sample, expanding the options for data analysis and improving the validity and reliability of the collection.

Targeting of Throughcare services for First Nations people in prison could be enhanced by improvements in routine national reporting, including on the size and characteristics of the population entering and being released from prison (Avery and Kinner 2015). First Nations people are over-represented among those on remand and serving short sentences and can therefore be cycling through the prison system at a higher rate (Avery and Kinner 2015). If administrative data could be collected routinely on the health of all people in prison as part of the NPHDC in future, this could better inform Throughcare policy and service planning, including for First Nations people.

More could also be done in the NPHDC to measure First Nations people's holistic concept of health and wellbeing. This would include building a better understanding of First Nations people's ideas about what data are best suited to measure policy outcomes, and to contextualise how data should be interpreted. These steps would help improve the interpretation of data in the NPHDC for First Nations people. The steps would also respond to the Productivity Commission's recommendations for implementing the Closing the Gap reform, which would help to reduce the rate of First Nations adults held in incarceration (Productivity Commission 2024).

More information

Comprehensive results from the National Prisoner Health Data Collection (NPHDC) 2022 are available online. See [The health of people in Australia's prisons 2022](#).

Glossary

For terms used in this In focus report, visit:

- [People in prison – Glossary](#)
- [First Nations people – Glossary](#)

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