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Preventing Aboriginal Deaths in Custody

Urgent need to improve health services for Aboriginal people in custody

For immediate release

Research from the University of Sydney and current coronial inquests highlight the immediate attention needed into Aboriginal health services for those incarcerated, in order to prevent deaths in custody.

Over 30 years ago, the Royal Commission into Aboriginal Deaths in Custody (RCIADIC) made over 200 directives recommending that Aboriginal health services be funded to provide leadership and care for those in prison equivalent to what is available to the general community.

However, the current coronial inquests into the preventable deaths in custody of Bailey Mackander and Wayne Fella Morrison and the seven deaths of Aboriginal people in custody in recent weeks highlight an overwhelmingly strained system.

A report, *30 Years On: Royal Commission into Aboriginal Deaths in Custody Recommendations Remain Unimplemented*, highlights how many of the recommendations aimed to address the gaps continue to be unimplemented.

Aboriginal and Torres Strait Islander people are vastly over-represented in prisons, at 29 percent compared to 3 percent of the community population, and have greater health issues than others. After release from prison, their health condition often worsens and rates of death are among the highest in the world.

“The health and social issues that Aboriginal people in prison have require highly skilled staff, as well as community referral networks and accurate data for prison health planning,” says Wiradjuri Associate Professor Megan Williams, Assistant Director, National Centre for Cultural Competence and co-author of the report.

“However, this research highlights a long-term shortage of mental health clinicians in prisons, as well as those skilled in cultural protocols which can be extended to families who have suffered the death of a family member in prison.”

Prisons fall under state and territory responsibility and as such prison health is rarely mentioned in national frameworks. For example, the *National Strategic Framework for Chronic Conditions* makes no mention of prisons, despite people in prison disproportionately experiencing chronic conditions.

While healthcare is the responsibility of states and territories, Aboriginal and Torres Strait Islander people health is led nationally. Yet these national frameworks offer no leadership for action and rarely mention the health of people in prison, over-representation, and the greater risk of death post-prison release.

The recent inclusion of a ‘justice target’ in the Commonwealth’s *Closing the Gap* report does not focus on improving health, it only aims to reduce adult prison numbers by 15 percent and youth detention by 30 percent. Rates, however, are increasing, and are far higher than they were 30 years ago, despite the crime rate decreasing.

“Reducing the over-representation of Aboriginal and Torres Strait Islander people in prisons is one part of closing gaps in health inequity, the other is improving health and wellbeing to reduce criminal justice system involvement,” says Associate Professor Megan Williams.

The RCIADIC recommended that Aboriginal health services be involved in planning decisions for those incarcerated including the delivery of medical services to those in police custody, reviewing guidelines on cultural matters; training for staff and police; integration of mental health, and early intervention programs.

Associate Professor Megan Williams explains: “The RCIADIC outlined over 20 recommendations for Aboriginal and Torres Strait Islander to self-determine improvements, yet this hasn’t occurred.”

When prison health care transitioned from state correctional services to state health departments over the last two decades, there was no recognition that Aboriginal and Torres Strait Islander health remained federally funded.

Further, Aboriginal and Torres Strait Islander health services rely on fee-for-service income via payments from Medicare, however once in prison, the prisoner loses their right to Medicare. This essentially locks services out of delivering health care in prisons.

“Urgent reinstatement of Medicare for people in prison should occur. This has to come with strict guidelines to prioritise Aboriginal and Torres Strait Islander health services rather than a practitioner without relevant experience or cultural awareness,” says Associate Professor Williams.

“In addition, mainstream organisations rarely meet Aboriginal and Torres Strait Islander staff targets or retain them in leadership roles.”

Since the RCIADIC there have been few funding schemes to support Aboriginal and Torres Strait Islander health services to work in prisons.

“The poor use of funding on mainstream services is profound. Data indicates low levels of access and the disproportionately low funding Aboriginal and Torres Strait Islander health services are allocated,” says Associate Professor Williams.

Given so many deaths in custody have been from preventable health issues, research highlights the need to divert as many Aboriginal and Torres Strait Islander people as possible from police custody into health services.

“A nationally-coordinated, intersectoral scheme is required. Services could then follow protocol for local governance, using culturally-relevant data in health planning and invest in children and young people,” says Associate Professor Williams.

“The federal government must lead change; it is not interference in state and territory criminal justice systems when the focus is on Aboriginal and Torres Strait Islander people’s health and wellbeing.

“The effective and efficient holistic health care models that Aboriginal and Torres Strait Islander services provide may well catch on to meet the needs of other severely disadvantaged people who make up prison populations.”

30 Years On: Royal Commission into aboriginal Deaths in Custody Recommendations Remain Unimplemented was co-authored by Megan Williams, Thalia Anthony, Kirrily Jordan, Tamara Walsh and Francis Markham .Published by the Centre for Aboriginal Economic Policy Research ANU College of Arts & Social Sciences.

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Sally Quinn | sally.quinn@sydney.edu.au | +61 438 038 288