‘I just want someone to talk to.’

**A submission to the Victorian Ombudsman on the use of solitary confinement and young people.**

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# Our clients

Victoria Legal Aid (VLA) represents some of the most disadvantaged people in Victoria. Many of our clients have history of abuse, trauma and socioeconomic disadvantage. Many have disclosed mental illness or disability. Many experience language, literacy or cultural barriers, disability or other health issues, or social and geographic isolation.

In 2017/18, we assisted 94,485 people with their legal problems. Of these people:

* 26 per cent disclosed having a disability or mental illness
* 29 per cent were living in regional or rural Victoria
* 5 per cent required the assistance of an interpreter
* 22 per cent were from culturally and linguistically diverse backgrounds
* 12 per cent were younger than 19 years of age
* 11 per cent were in custody, detention or psychiatric care
* 5 per cent were experiencing homelessness
* 5 per cent were of Aboriginal or Torres Strait Islander background
* 29 per cent had no income and 51 per cent were receiving some form of government benefit.

# Our services

VLA is an independent statutory authority set up to provide legal aid in the most effective, economic and efficient manner. We provide legal information, education and advice for all Victorians.

We fund legal representation for people who meet eligibility criteria based on their financial situation, the nature and seriousness of their problem and their individual circumstances. We provide lawyers on duty in most courts and tribunals in Victoria.

Our clients are people who are socially and economically disadvantaged; people with a disability or mental illness, children, older people, people from culturally and linguistically diverse backgrounds and those who live in regional and remote areas. We assist people with legal problems arising from criminal matters, family breakdown, child protection, family violence, fines, social security, mental health, immigration, discrimination, guardianship and administration, tenancy and debt.

We assist these clients in a range of locations, including courts, prisons, psychiatric hospitals as well as through our network of offices across Victoria.

We provide:

* free legal information through our website, our Legal Help telephone service, community legal education, publications and other resources
* legal advice and minor assistance through our Legal Help telephone service, Duty Lawyer Service and free clinics on specific legal issues
* support to people in the mental health system through non-legal advocates in the Independent Mental Health Advocacy service
* family dispute resolution services to help families make decisions about family law disputes away from court
* grants of legal aid to pay for legal representation by a lawyer in private or community law practice or a VLA staff lawyer.

# Introduction

Victoria Legal Aid welcomes the opportunity to contribute to the Victorian Ombudsman’s pilot inspection of Port Phillip Prison, Malmsbury Youth Justice and Secure Welfare Services. VLA provides advice and assistance to many young people detained in these, and other, facilities.

VLA strongly supports the ratification of OPCAT and considers it an important measure to protect the rights of people living in closed environments, such as prisons, youth justice facilities, secure welfare services, forensic mental health services, mental health facilities closed wards and immigration detention.

Through our work with people living in closed environments, we are aware of the particular harm that solitary confinement can cause to young people. We support the Ombudsman’s focus on the use and experience of solitary confinement given the frequency and impact of this practice. We strongly support the examination of factors contributing to the use of solitary confinement and the identification of safeguards and improvements to ensure that young people do not continue to experience harm. We have concerns that the reliance on this practice over extended periods of time will damage these young people and impact their transition back to the community.

VLA notes the importance of taking into account the cultural background of prisoners when assessing whether there is a risk of torture or other cruel or inhuman punishment or treatment. We specifically note the detrimental effect that confinement and separation from family can have on Aboriginal and Torres Strait Islander people. We consider that increased efforts to develop and implement culturally safe and appropriate practices will substantially improve the experience of young people from diverse backgrounds. These efforts should include attention to the factors contributing to the overrepresentation of children from culturally and linguistically diverse communities in the youth justice system.

We also support giving attention to the pathways and drivers that result in young people being held in detention or in other secure facilities. This may include their interactions with unstable housing and homelessness, family violence, mental health and disability services, access to appropriate support through the NDIS. Mapping the pathways in and out of different service systems, including the justice system, will provide an essential backdrop for explaining some of the issues these young people experience in custody that may result in the use of more restrictive practices, including solitary confinement.

In our view, improving access to diversionary, therapeutic and community-based supports is the best approach to reducing the harm caused by imprisonment, especially the experience of solitary confinement.

This submission has been informed by the direct experience and observations of VLA lawyers and reported experience of our clients. We have endeavoured to confine our advice to issues occurring at the inspection locations, however there are some systemic issues that occur at multiples sites across the justice system. It builds on previous advice provided to the Victorian Ombudsman ahead of the pilot inspection process, through the inclusion of specific client examples and systemic issues of concern.

Ensuring the human rights of prisoners at these facilities are respected and upheld – and avoiding the infliction of further trauma – benefits both the prisoner and the entire community. Violations of these rights are likely to cause additional harm to these people and affect their opportunity for rehabilitation.

# Experience of solitary confinement at Malmsbury and Port Phillip Prison

Young people are particularly vulnerable in custody. The particular rights and needs of young people are expressly recognised by international law. We note in relation to the detention of children generally, that treatment may be cruel, inhuman or degrading for a child when it would not necessarily be so for an adult. For example, overcrowding, deprivation of social, educational and physical activities and lack of access to outdoor areas may amount to cruel, inhuman or degrading treatment for children in detention.

Based on our recent experience and observations, we consider there are a range of issues that have the potential to cause significant harm to children and young people in custody. This includes:

* the frequency of lockdowns, including rolling lockdowns, impacting the ability of young people to attend programs and education;
* issues associated with staff training, retention and wellbeing and the contribution of these factors to the frequency of lockdowns and use of solitary confinement to manage complex behaviours;
* the use of solitary confinement for young people with mental illness, disability or other complex needs;
* the use of solitary confinement for young people transferred to adult facilities as children;
* delays in assessments when a person is received into prison, contributing to issues associated with behaviour; and
* access to appropriate care and treatment for any underlying concerns, and their ability to become eligibility for parole.

We are particularly concerned about the use of solitary confinement to manage people living with mental health conditions, such as our client Leo.

### Leo

Leo is an aspiring musician. Leo[[1]](#footnote-1) is currently living at Malmsbury. Leo told his lawyer that they seem to spend every second day on rotations. Leo has been in custody before and says that things are “the worst they have ever been.”

**“(I) come out feeling angry.”**

Leo told his lawyer that he spends most of his time locked in. Being locked in makes Leo feel angry. He says that when he is feeling this way there is nobody to talk to.

Leo has also observed the impact of lockdowns and rotations on other young people living at Malmsbury. He says they are “always angry or expressing suicidal thoughts” when they come out of lockdown and rotations.

Leo knows he should ask for help when he needs extra support. But the support doesn’t come very quickly. When Leo requested to see a psychologist he had to see the doctor first to get a referral. It was six weeks before he actually got to speak with a psychologist. Leo has only seen a psychologist twice in the three months he has been living at Malmsbury despite entering Malmsbury with a diagnosed need for mental health support.

There have been times when Leo hasn’t asked for help because he is afraid of the consequences. He says that they often get locked back in when they are feeling angry or have expressed thoughts of self-harm. He was told this is to protect his safety and the safety of the staff.

**“I just want someone to talk to.”**

Leo often feels lonely and just wants someone to talk to. His family can’t come to see him very often due to the distance between their home and Malmsbury. If they can manage it, staff will come and have a chat but he has noticed that this doesn’t happen much as there are not enough staff at Malmsbury. Often he just relies on the other boys in his unit for emotional support. When they are stuck in their cells this can’t happen. He doesn’t feel like he has enough support at Malmsbury. Sometimes he hasn’t even been able to speak with his lawyer as there have not been enough staff to accommodate the video conference.

Similar experiences have been reported by other children and young people at Malmsbury. While inconsistent and inadequate access to health services and medications is experienced across a number of correctional facilities, it is experienced more acutely by young people and can have significant consequences for their long-term wellbeing.

The increased number of transfers between facilities has contributed to lack of continuity in medical treatment and access to medications. There is a risk that interruptions to health support and medication will amplify complex behaviours that may increase the risk of placement, or continued placement, in solitary confinement. The effects of extended periods in solitary confinement may also impact a person’s transition out of custody and the level of support they require upon release.

As noted in Leo’s story above, our lawyers have recently encountered issues securing sufficient access to clients and young people to at Malmsbury Youth Justice Precinct, which has impacted our ability to provide advice and assistance to these young people. This has been attributed to operational issues.

Close examination of operational and policies and practices and recommendations to ensure that decision-making does not limit human rights should be one of the outcomes of the Ombudsman’s investigation.

# Experience of solitary confinement in Secure Welfare Services

Under the *Children, Youth and Families Act*, the Secretary to the Department of Health and Human Services (DHHS) may place a child for whom the Secretary has parental responsibility in a secure welfare service if the Secretary is satisfied that there is a substantial and immediate risk of harm to the child, and in other cases, under the authority of a Children’s Court order.

Victoria currently has two secure welfare facilities (SWSs). Children in these facilities are among the most vulnerable and disadvantaged in Victoria. We support the Ombudsman’s inclusion of these facilities in the inspections to provide some independent oversight of these facilities. In our view, the existing governance arrangements do not provide for continuous and independent oversight of these facilities. We have concerns that some children may simply be lost in the system without increased oversight and scrutiny of DHHS decisions to place children in SWS, especially those placed in SWS through an administrative order by the Secretary.

VLA has particular concerns about the use of SWS as a substitute for appropriate mental health treatment and support for children in out of home care. The staff at SWSs do not have the expertise to manage complex behaviours or mental health conditions. We also note that placement in SWS can exacerbate a child’s mental health conditions and it is essential these children have access to appropriate support. Our lawyers have reported that it can be more difficult for a child to engage with services when they are living in SWS, despite the need to access services being a contributing factor to a decision to place them in SWS.

We also have particular concerns about the level of support provided to non-binary or transgender young people, such as our client Ben.

### Ben

Ben[[2]](#footnote-2) is a 15-year-old transgender boy who loves boxing and taekwondo. Ben has a history of mental illness and was living in residential care in regional Victoria, where he says he was assaulted by one of the other young people in the unit.

While an alternative home was found for him, Ben was placed in a Secure Welfare Service. On arrival, Ben was placed in a female ward. Although Ben understood that this was a physically safer place for him to be than in the male ward, he was not given an option to discuss or consider which ward he felt was most suitable for him.

The girls in the Secure Welfare Ward would continually refer to Ben by female pronouns despite his request for them not to, and staff at the Service also misgendered him and did not demonstrate that they had training or an understanding of the experience of a young transgender person.

**“I wanted to talk to a counsellor about what had happened to me and no one was available. I wasn’t offered any mental health support and didn’t have access to my mental health care team at the hospital.”**

Staff working at the Secure Welfare Service are not trained counsellors and there are no psychiatry or psychology services on site. During his six weeks in Secure Welfare, Ben’s DHHS worker was on leave, so he did not have the opportunity to raise concerns or request access to a counsellor, except when he spoke to VLA Child Protection lawyers (who regularly visit Secure Welfare Services) or his appointed Victorian Legal Aid lawyer.

Ben was in Secure Welfare until an alternative residential care unit, away from his alleged rapist, could be found. He has now left Secure Welfare and is living in a unit in a different town.

# Ongoing monitoring and inspection of all places of detention through a National Preventative Mechanism (NPM)

VLA strongly supports the use of OPCAT to prevent human rights abuses in places of detention. We do not have a position on the form of the monitoring mechanism in Victoria but consider that whichever entity or entities become the National Preventative Mechanism (NPM) inspection bodies in Victoria, they need to be:

* independent of government
* have free and unfettered access to all places of detention; and
* be properly resourced to fulfil their functions.

There will need to be specific processes developed to address the needs of Aboriginal and Torres Strait Islander people who are incarcerated or detained in Victoria. There should also clear and simple processes for civil society representatives and the community to raise issues for consideration and response by NPM bodies, as well as the capacity to work together to develop solutions.

While not within the scope of your current inspections, the importance of broad and regular inspections of all places of detention can be highlighted by the following issues and examples from mental health and immigration facilities.

## Experience of seclusion and restraint of young people in mental health inpatient units

VLA provides advice and representation to people with a mental health diagnosis or cognitive disability. We work to realise people’s rights and autonomy, and to help make sure the justice and health systems operate fairly. In 2017–18, we represented 1046 people before the Victorian Mental Health Tribunal, including 772 matters for people with inpatient treatment orders.

In addition, VLA’s Independent Mental Health Advocacy (IMHA) service is a non-legal advocacy service which supports people who are receiving compulsory mental health treatment to have as much say as possible about their assessment, treatment and recovery.[[3]](#footnote-3)

Both of these services attend designated mental health services across Victoria to assist clients, including young people, who are subjected to compulsory treatment orders.

Under section 3 of the *Mental Health Act 2014*, seclusion is defined as the sole confinement of a person to a room or any other enclosed space where it is not within the person’s control to leave. The use of seclusion in mental health services is governed by the Mental Health Act and mandatory policy. In recent years, there have been significant government efforts at both the State and Federal level to reduce the use of restrictive practices such as patient seclusion in mental health services.[[4]](#footnote-4)

Despite this work, data from the Australian Institute of Health and Welfare’s report on mental health services in Australia shows significant variation in seclusion rates between hospitals across Australia, which the report notes “may be due to a range of factors, such as the hospital’s service delivery model”.[[5]](#footnote-5) Such variation is similarly apparent across mental health inpatient units in Victoria, as demonstrated by the Victorian Mental Illness Awareness Council’s report,[[6]](#footnote-6) which also confirms that Victoria’s overall seclusion rate has largely been higher than the national average for the last ten years.[[7]](#footnote-7) Figures from the *Chief Psychiatrist’s Annual Report 2017–18* confirm that seclusion is still being experienced by young people in Victoria at the highest rate in five years.[[8]](#footnote-8)

Philipa’s story highlights the way in which seclusion is used and experienced by young people within mental health units, including as a form of punishment, and the impact this can have on their wellbeing and futures.

### Philipa

Philipa**[[9]](#footnote-9)** is a young Indigenous woman who first came into contact with mental health services at the age of 17, when she was completing her VCE and experiencing some difficulties with her peers.

Now 25, Philipa has been treated on compulsory mental health orders since her late teens. Philipa remembers missing school due to hospitalisation and feeling a strong sense of anger toward her school principal and treating clinicians who initiated her admission. She recalls times when this anger has translated to threatening or attempting to harm clinicians. Philipa believes that the mental health services are frightened by her previous aggressive behaviour and continue to keep her controlled and medicated not to treat a mental health issue but to manage the potential of further violent behaviour, given that there have been no incidents of violence in the past year.

Her current diagnosis is delusional disorder, and her psychiatrist continues to express the view that her mental illness requires treatment via anti-psychotic medications. Philipa has frequently been held in ‘open seclusion’ for weeks at a time, where her door was left open, but a nurse was stationed there to prevent her leaving. She has experienced extended periods of isolation from other patients while being held in High Dependency Units. Philipa often feels upset about a particular seclusion incident that involved a nurse removing Philipa’s bra without seeking her consent and recounts several occasions of being held down and forcibly injected.

Philipa talks about her life before treatment – being fit and active, playing soccer and looking forward to a life that included forming relationships, having regular employment and a community of friends. She says her experiences with being held in seclusion and other isolated situations have left her feeling misunderstood and abused. She frequently expresses that her life “has been ruined” and she struggles to contemplate a positive future for herself.

The principles underpinning the Mental Health Act provide for a last resort approach to the use of restrictive practices on people receiving mental health services. The Act provides that a person may only be placed in seclusion to prevent imminent and serious harm to themselves or another, and only after all reasonable and less restrictive options have been tried or are considered unsuitable.[[10]](#footnote-10) This approach is supported by the Australian Institute of Health and Welfare, which encourages alternative, less restrictive ways of managing patient behaviour wherever possible.[[11]](#footnote-11)

A recovery and trauma-informed approach would also recognise that whilst the use of seclusion and restraint may be effective in containing the risk of violence in the short term, the impact of it in the longer term may be to exacerbate the factors that drive risk to self and others through retraumatisation and lack of emotional safety.[[12]](#footnote-12)

We encourage the Ombudsman to consider the use of seclusion and isolation of young people in mental health settings, particularly the factors leading to seclusion and the impact this has on young people. Further, we recommend the Ombudsman examine whether seclusion is being used as a last resort in practice, and how this varies across mental health services. The positive work that has been done to reduce its use could also be contemplated, as well as the barriers to the effectiveness of this work and the need for further improvement in these settings.

## Experience of seclusion and isolation of young people in immigration detention

VLA provides advice and representation to asylum seekers and other vulnerable non-citizens.[[13]](#footnote-13) Through this work we are exposed to the treatment of people, including young people, in Australia’s immigration detention centres. We see that people are frequently subject to long periods of detention while awaiting an outcome, and we see the corrosive impact of indefinite detention on people’s mental health.

We have worked with young people who, after protracted detention in immigration detention centres, have been diagnosed as experiencing one or more of sleep disturbance, loss of appetite, decreased motivation, fatigue, lack of concentration, nightmares and suicidal ideation.

In reporting on the use and impact of seclusion and isolation on young people, we encourage the Ombudsman to note the treatment of young people in immigration detention settings who are suffering long-term damage to their physical and mental health as a result of this treatment.

Although within the Commonwealth’s jurisdiction, we encourage the Ombudsman to consider the use of seclusion and isolation against young people in immigration settings as part of your overall contemplation of the ideal regime for NPM monitoring and inspection. In our view, immigration detention centres should be part of any consideration of how OPCAT can be implemented effectively to prevent cruel, inhuman and degrading treatment in Australia.

## Experience of solitary confinement in police cells and other police custody

In recent years, police cells in Victoria have often been operating at very close to, or beyond, capacity. The growth in the overall prison population has increased the reliance on police cells. Those detained in police cells are particularly vulnerable. Facilities in police holding cells are more basic than those at custodial facilities built to hold offenders for longer periods of time. People are also spending periods in police custody while being transported in police vehicles between police cells and are held in solitary confinement during transit.

There are significant challenges to understanding the extent of use of police cells for children and young people in Victoria as there is no regular reporting or routine oversight. However, we are aware of examples of children being held overnight in police cells for minor offending and people being moved around to cells in different locations due to the number of people being held in police cells.

We note that the Independent Broad-based Anti-corruption Commission (IBAC) currently has oversight of the conditions in police cells but we consider that this should be within scope of a future NPM to promote regular routine, independent and external oversight of the conditions in police cells, particularly for children and young people.

# Systemic issues contributing to the use of solitary confinement

### Access to support through the National Disability Insurance Scheme

VLA has been increasingly concerned about deficiencies in the support available under the National Disability Insurance Scheme. The combination of thin markets and complex needs has resulted in significant and enduring consequences for a number of people, including children and young people.

Recently, this included a client who was held in prison because there were no services available for him in the community and he had nowhere else to go. Due to their complex needs, clients such as this frequently spend extended periods in solitary confinement when in custody. Further information about these clients and our recommendations for reform can be found in our recent submissions to the Joint Standing Committee on the National Disability Insurance Scheme and to the Productivity Commission’s Inquiry into the Economic Impacts of Mental Ill-Health.[[14]](#footnote-14)

### Access to mental health support for people in custody

There continue to be significant issues for the significant number of people with disability and/or mental health conditions in custody. The Victorian Ombudsman’s *Investigation into the rehabilitation and reintegration of prisoners in Victoria* found:

* 40 per cent of prisoners in Victoria had been identified as having a mental health condition, two to three times higher than the reported rates in the general community, and prisoners are also 10 to 15 times more likely to have a psychotic disorder than someone in the general community.’[[15]](#footnote-15)
* Prisoners with a registered intellectual disability comprised 3 per cent of the total prisoner population, compared to an estimated 1 per cent in the general Victorian population.’[[16]](#footnote-16)
* The rate of prisoners recorded as having an ABI is up to 20 times higher than in the general community.[[17]](#footnote-17)

There continue to be a number of harmful consequences caused by lack of access to appropriate levels of support for people living with mental health conditions and disability in custody. This includes:

* people who are found to be unfit to be tried are spending longer in custody or detained for much longer than any lawful period of custody which would be imposed. This has a significant impact on symptom stabilisation, recovery and wellbeing.
* there is no single point of contact for prisoners with disability and mental health issues (or their advocates) to build pathways out of custody and to escalate interventions to prevent prolonged detention. This has resulted in responsibility shifting (and avoidance) between Commonwealth and State agencies with damaging consequences for the people most in need of support.
* lack of suitable accommodation for people with complex needs which can results in refusal of bail and/or more limited options for community-based sentences.
* lack of secure therapeutic facilities for mental health treatment for prisoners whether remanded, sentenced, or found not guilty by reason of mental impairment. Thomas Embling Hospital does not have sufficient beds and the lack of capacity is amplified by lower risk forensic patients being treated in a high security environment due to the absence of a medium secure environment.

These gaps in the system make people more vulnerable to restrictive management regimes, including the use of solitary confinement.

### Access to appropriate support for women in prison with complex needs

VLA continues to be concerned about the lack of appropriate facilities for women with complex needs and the continued reliance on solitary confinement to manage complex mental health conditions and disabilities. Many of these issues have also been raised in previous reports by the Victorian Ombudsman. This includes:

* lack of secure residential options for women with disability (equivalent to facilities operated by DFATS for male offenders) which results in them being held for extended periods in general prison population under restrictive conditions, being cared for by prison officers with no specialised training.[[18]](#footnote-18)
* women with disability or mental health issues being tipped into more restrictive settings or being subject to highly restrictive management conditions due to their needs and behaviour. This includes extended solitary confinement, 23-hour lockdown, restraint and deprivation of movement and strip searches.
* criminalisation of behaviours linked to their mental health and/or disability. This might include being charged with property damage for damage to cells, possession of unauthorised property, and assault when acting out against restraints.

There is a growing female remand population in Victoria which is compounding existing issues of access to health and other supports for women. This is particularly concerning given the high rates of victimisation, addiction issues, family violence and caring responsibilities within this cohort. We note that other jurisdictions are moving towards abolishing short periods of imprisonment for women in favour of community options, given the evidence of harmful and long-term impacts on women, their families and the community.

### Access to diversionary, therapeutic and community-based support programs

VLAstrongly supports a shift away from the reliance on imprisonment as a response to offending. We consider that diversionary, therapeutic and community-based responses to offending offer greater benefits to the individual and the community. This includes specialist courts that support people to deal with the underlying circumstances that may have contributed to their offending, such as the Assessment and Referral Court and the Drug Court of Victoria. These responses also reduce the harm associated with imprisonment, particularly due to the use of solitary confinement.

In our view, there is strong value in approaches that enable people to remain in the community. Keeping a person in the community gives people a greater chance of remaining connected to supports that are essential to their wellbeing and rehabilitation, including housing, education, employment, health supports provided through the National Disability Insurance Scheme, community and family.

1. Not his real name. “Leo” has provided Victoria Legal Aid with consent to share his deidentified experience with the Victorian Ombudsman to assist the investigation of these issues. [↑](#footnote-ref-1)
2. Not his real name. “Ben” has provided Victoria Legal Aid with consent to share his deidentified experience with the Victorian Ombudsman to assist the investigation of these issues. [↑](#footnote-ref-2)
3. IMHA has been independently evaluated: see Dr Chris Maylea, et al, ‘Evaluation of the Independent Mental Health Advocacy Service (IMHA)’ (Final Report, November 2018). [↑](#footnote-ref-3)
4. See, eg, Department of Health and Human Services framework for reducing restrictive interventions, guidelines from the Chief Psychiatrist to reduce the use of restrictive interventions and standards established by the Australia Commission on Safety and Quality in Health Care. [↑](#footnote-ref-4)
5. Australian Institute of Health and Welfare, ‘Mental health services: In brief 2018’ (2019) <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/restrictive-practices/seclusion> Table RP5. [↑](#footnote-ref-5)
6. Victorian Mental Illness Awareness Council, ‘Seclusion Report: Accessible information on seclusion in Victorian mental health services’ (April 2019) 4-5, 11. [↑](#footnote-ref-6)
7. Ibid 9. [↑](#footnote-ref-7)
8. Department of Health and Human Services, *Chief Psychiatrist’s Annual Report 2017-18* (2018) 22-23. The rate was 6.8 per 1,000 occupied bed days in FY14, and it is now 8.8 in FY18 (after remaining at 5.5 in FY15 and FY16 and 5.4 in FY17). [↑](#footnote-ref-8)
9. Not her real name. “Phillipa” [↑](#footnote-ref-9)
10. See, eg, Department of Health and Human Services, *Chief Psychiatrist’s Annual Report 2017-18* (2018) 22. [↑](#footnote-ref-10)
11. Australian Institute of Health and Welfare, ‘Mental health services: In brief 2018’ (2019) <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/restrictive-practices/seclusion>. [↑](#footnote-ref-11)
12. Chief Psychiatrist’s Guideline on Restrictive interventions in designated mental health services <https://www2.health.vic.gov.au/about/key-staff/chief-psychiatrist/chief-psychiatrist-guidelines/reducing-restrictive-interventions>. [↑](#footnote-ref-12)
13. See Victoria Legal Aid, *Annual Report 2017–18* (2018) 34 (available at: <https://www.legalaid.vic.gov.au/sites/www.legalaid.vic.gov.au/files/vla-annual-report-2017-18.pdf>). [↑](#footnote-ref-13)
14. Further details about our concerns about the operation of the National Disability Insurance Scheme can be found in the following VLA submissions: Productivity Commission’s Inquiry into the Economic Impact of Mental Ill-Health; Joint Standing Committee on the National Disability Insurance Scheme’s Inquiries into general issues around the implementation and performance of the NDIS (2019); market readiness of the National Disability Insurance Scheme (2018); transitional arrangements for the NDIS and into general issues around the implementation and performance of the NDIS (2017); Productivity Commission’s Inquiry into the National Disability Insurance Scheme Costs (July 2017) (available at: https://www.legalaid.vic.gov.au/about-us/strategic-advocacy-and-law-reform/access-to-justice-for-people-with-mental-illness-and-disability). [↑](#footnote-ref-14)
15. Victorian Ombudsman, *Rehabilitation and reintegration of prisoners*, 34. [↑](#footnote-ref-15)
16. Victorian Ombudsman, *Rehabilitation and reintegration of prisoners*, 88. [↑](#footnote-ref-16)
17. Victorian Ombudsman, *Rehabilitation and reintegration of prisoners*, 34. [↑](#footnote-ref-17)
18. The Ombudsman’s [*Investigation into the imprisonment of a woman found unfit to stand trial*](https://www.ombudsman.vic.gov.au/News/Media-Releases/imprisonment-of-woman-found-unfit-to-stand-trial) in October 2018 highlighted that there are no facilities for women with cognitive disability or complex needs, and that custody officers are caring for these inmates without any training. [↑](#footnote-ref-18)