



Australian Government
**Australian Institute of
Health and Welfare**



Improving mental health outcomes for Indigenous Australians in the criminal justice system



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About the cover artwork:

Artist: Linda Huddleston

Title: *The journey towards healing*

At the centre of the artwork is the Clearinghouse. The black half-circles are the people who come to the Clearinghouse for information about mental health and suicide prevention.

The waves of red, yellow and white dots surrounding the inner circle represent strength and healing.

The footprints represent the journey towards healing.

The red and white circles around the edge represent different programs and policies aimed at helping people heal.

The hands represent success and wellbeing.



Summary

Improving mental health outcomes for Indigenous Australians in the criminal justice system

What we know

- Aboriginal and Torres Strait Islander people (Indigenous Australians) are over-represented in the criminal justice system.
- Mental health conditions and self-harm are relatively common among Indigenous offenders. Many offenders, especially Indigenous women, have unmet mental health needs.
- For Indigenous Australians, offences are often minor, and corresponding periods of imprisonment are therefore often short. Those serving short sentences are often ineligible to access mental health programs.
- There are few programs that focus on improving mental health or suicide outcomes for those in contact with the criminal justice system. Many mental health programs in prison do not reach Indigenous people who are serving short sentences or who are awaiting sentencing.

What works

- Preventative programs incorporating cultural activities keep young people out of the criminal justice system.
- The involvement of Elders and community members is critical in identifying mental ill health and social issues among Indigenous young people.
- Culturally relevant programs are viewed as valuable; they successfully engage Indigenous offenders.

What doesn't work

- Assessing and treating the mental health of Indigenous Australians from a non-Indigenous view fails to consider Indigenous understandings of wellbeing.
- Imprisonment does not typically improve mental health outcomes. Placing individuals into custody instead of referring them to support services does not improve mental health outcomes.
- Punitive approaches to criminal justice for low-level offences do not eliminate re-offending or improve mental health outcomes.



What we don't know

- The prevalence of mental health conditions in Indigenous ex-prisoners at the national level is unknown.
- The effectiveness of alternative court systems, such as Indigenous-specific sentencing courts, on mental health outcomes for Indigenous Australians is unknown.
- The effectiveness of many programs and policy initiatives is unknown. This is due to limited evaluation evidence for these initiatives.



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Introduction

1 Introduction

Australians with mental health conditions are over-represented in the criminal justice system (Baldry et al. 2012). Potential reasons for this include the lack of appropriate mental health services targeting young people early in life (Burdekin et al. 1993) and challenges for police in being unable to identify and refer the mentally ill to appropriate services (SCAG 2009). Australians in custody have higher rates of mental and physical health problems compared to other members of the community (AIHW 2019). Experiencing health conditions can contribute to poor mental health (ABS 2018a), as can the experience of being in prison (Baldry et al. 2015).

The wellbeing of Aboriginal and Torres Strait Islander people (hereafter Indigenous Australians) is perceived holistically and encompasses the mental, physical, cultural and spiritual health of Indigenous people. This view of health considers the relationships between family, kin, community and the importance of connection to land, spirituality and ancestry (Gee et al. 2014; Palmer 2013). This means that the wellbeing of the community and family is related to the social and emotional wellbeing of the individual.

Improving the mental health of Indigenous Australians who have contact with the criminal justice system can be especially challenging because the nature of imprisonment removes offenders from their land, community and family. International evidence shows that concerns of Indigenous prisoners often relate to issues of being isolated from family, land and community as well as a lack of access to cultural activities (Grant 2016). Services should take this holistic view of health into account when supporting Indigenous Australians (PM&C 2017).

Although just 9% of Indigenous Australians have ever been imprisoned (ABS 2016), the impact and flow-on effects of incarceration such as reduced access to employment and a lack of stable housing can be lifelong (Cutcher et al. 2014). Indigenous Australians are overrepresented in the criminal justice system. For example:

- Indigenous adults were imprisoned at 11 times the rate of non-Indigenous Australians in 2019–20 (Productivity Commission 2021).
- Indigenous young people aged 10–17 were 21 times as likely as non-Indigenous young people to be in detention on an average night in the June quarter, 2019 (AIHW 2020a).

The incarceration of an Indigenous person affects not just the individual but also members of their family and community. In 2014–15, when asked about major stressors experienced in the previous 12 months, 4.3% of Indigenous children aged 4–14 reported having a parent in prison, and 7.6% reported having another family member in prison (ABS 2016). Contact with the criminal justice system can result in lasting effects on the mental health and wellbeing of the family and community (Heffernan et al. 2014) and can exacerbate existing mental health conditions for the individual (Baldry et al. 2015).

Existing data and research into the mental health of Indigenous Australians across adult correctional and youth detention centres indicates a high prevalence of mental health conditions (AIHW 2019; Indig et al. 2010; Heffernan et al. 2012; Heffernan et al. 2015a).



For example:

- It is estimated that almost half (47%) of Indigenous women in Queensland prisons in 2014 experienced post-traumatic stress disorder (Heffernan et al. 2015a).
- In a sample of 100 Indigenous young people in custody in New South Wales, almost two-thirds (63%) experienced a substance-related disorder in 2015 (JHFMHN 2017).
- Between 1991–92 and 2018–19, of the 455 Indigenous deaths in custody (prison custody, police custody and custody-related operations and youth justice), almost a third (28%) were due to suicide or self-inflicted causes. Of the 295 deaths in prison custody, a third (32%) were self-inflicted (Doherty & Bricknell 2020).

This report synthesises available evidence from programs and initiatives that aim to improve mental health for Indigenous Australians who have contact with the criminal justice system. It discusses:

- the prevalence of suicide and mental health conditions of Indigenous people involved with the criminal justice system
- policy and recommendations relating to the mental health of Indigenous Australians and the criminal justice system
- information about programs and their evaluations to draw conclusions about effective strategies that improve the social and emotional wellbeing of Indigenous people involved with the criminal justice system.



2



Background

2 Background

Australia's criminal justice system differs by jurisdiction, but there are general similarities across all in their operation (ABS 1997). For example, although children and young people aged 10–17 can be charged with a criminal offence, separate justice systems exist for children and adults (AIHW 2020a).

When a police officer suspects that an offence has been committed, they can either:

- provide a police diversion (verbal warning or caution), or
- proceed with charging the person with a criminal offence, which could include arresting the person (AIHW 2013; ALRC 2018).


This decision is at the discretion of the officer (ALRC 2018). Being charged for an offence could lead to a court sentencing procedure, during which the relevant court establishes guilt (whether the person has committed the offence) and decides on the penalty for the offence committed (Polk et al. 2010; Richards 2010). When making its decision, the court considers several factors, such as the person's character, age, previous criminal behaviour, intellectual capacity, the severity of the offence and the need to protect the community (Queensland Legal Aid 2020).

The court could find the person not guilty of the offence, or it could refer them to another court. Some courts offer diversionary programs or are considered diversionary programs themselves, such as mental health courts and Indigenous sentencing courts (AIHW 2013). If a court finds that a person is guilty of the offence, then the person is convicted and sentenced accordingly. A sentence (or penalty) can include fines, banning orders, community supervision or a prison sentence (ALRC 2017). Community supervision often involves requirements to attend alcohol treatment programs or participating in unpaid work (Victoria Legal Aid 2019). A prison sentence involves serving a period of imprisonment in a correctional centre.

The incarceration of Indigenous Australians

Indigenous Australians are among the most incarcerated population groups worldwide. Indigenous Australians make up 3% (798,365) of the Australian population (ABS 2018b) but in 2019–20 made up 29% (12,092) of the Australian prisoner population (ABS 2020). The national average daily imprisonment rate was 4,271 per 100,000 for Indigenous men and 442 per 100,000 for Indigenous women for the December quarter 2020 (ABS 2021). According to the 2014–15 National Aboriginal and Torres Strait Islander Social Survey, about 15% (64,400) of Indigenous Australians aged 15 years and over reported having been arrested in the previous 5 years, and almost 9% (39,000) had been imprisoned in their lifetime (ABS 2016).

The over-representation of Indigenous Australians in custody is most pronounced among young people aged 10–17 years. On an average night in the June 2020 quarter, 52% (328) of young people aged 10–17 in youth detention were Indigenous, despite Indigenous young people making up only 6% (143,732) of the general population of that age (AIHW 2021). In 2018–19, Indigenous young people were more likely than non-Indigenous young people to have been under supervision (community order or detention) in a previous year (71% compared to 62%, respectively) (AIHW 2020b). On an average day in 2018–19, young people aged 10–17 from remote areas were 8 times as likely to be in detention as those from major cities (AIHW 2020b).



Early contact with the criminal justice system and repeat incarceration contribute to the disproportionate rates of imprisonment for Indigenous Australians. Indigenous Australians have earlier and more frequent interactions with the criminal justice system compared to non-Indigenous Australians (Chen et al. 2005; Putt et al. 2005). On average, Indigenous young people entered youth justice supervision at a younger age than non-Indigenous young people. In 2018–19, almost 2 in 5 (38%) Indigenous young people under supervision had been first supervised when they were 10–13 years old. In contrast, of non-Indigenous young people under supervision, only 1 in 7 (15%) had been first supervised at 10–13 years old (AIHW 2020b).

In 2019–20, most Indigenous prisoners (79% or 9,541) had experienced prior imprisonment, compared to half (52% or 14,869) of non-Indigenous prisoners (ABS 2020). From 2000–01 to 2018–19, young Indigenous Australians under youth justice supervision were 1.6 times as likely as their non-Indigenous counterparts to return to sentenced supervision before the age of 18 (55% and 34%, respectively) (AIHW 2020c).

For Indigenous Australians, offences are often minor, and corresponding periods of imprisonment are therefore often short. For example, assault and burglary are common offences for which Indigenous Australians serve time, and the sentence length for these offences is commonly 1–2 years. The average sentence length for Indigenous prisoners is shorter than for non-Indigenous prisoners (3.8 years compared to 6.0 years, respectively). Almost a fifth (18% or 1,443) of sentenced Indigenous prisoners at 30 June 2020 were serving aggregate sentences of less than 12 months (ABS 2020).


During incarceration, those serving short sentences are often unlikely, or ineligible, to access rehabilitation or mental health programs (Abbott et al. 2018). This may contribute to the cycle of incarceration. A reason for the lack of program delivery to short-term prisoners is the frequency at which prisoner cases are reviewed (case management plans could be reviewed every 6 months). This excludes those serving short sentences from the opportunity to enrol in a program. Research indicates that short-term prisoners are often not accepted as participants because of concern that they might not complete the program (Ryan 2001) and because programs are often provided at a limited frequency.

Short sentences continue to affect offenders after they are released. Offenders are less likely to be eligible for assisted reintegration into the community after serving short sentences (Alan et al. 2011; Blagg et al. 2005), especially in rural and remote communities (Abbott et al. 2018).

Australians who are suspected of a crime may be held in custody to:

- ensure they will appear in court to answer charges
- protect the community, victims or witnesses.

The decision to keep an accused person unsentenced in prison depends on the nature of the crime and the legal procedures of the jurisdiction (Sarre et al. 2006). In 2017, the Australian Law Reform Commission found that many Indigenous Australians held unsentenced in custody were not sentenced to imprisonment upon conviction, which could indicate low-level offending (ALRC 2017; McLean 2018). In 2020, around a third (34% or 4,075) of Indigenous prisoners were unsentenced in custody (ABS 2020). On an average day, over half (57% or 347) of young people aged 10 and over in unsentenced detention were Indigenous Australian (AIHW 2020b).



Offenders who are unsentenced are often ineligible to access the services that are available to sentenced prisoners (Alan et al. 2011; Blagg et al. 2005). Indigenous women have reported that being on remand makes them ineligible to participate in rehabilitation and parenting programs during custody (Rossiter et al. 2016). Studies in Australia and internationally have shown higher rates of suicide among unsentenced than sentenced prisoners (Marzano et al. 2010; Marzano et al. 2016; Shaw et al. 2004).

Before incarceration and on re-entry

Indigenous Australians with a known mental health diagnosis are shown to have earlier and more frequent police contact, and more frequent stays in custody compared to non-Indigenous Australians with a mental health diagnosis (Baldry et al. 2012; Baldry et al. 2015). Police are often the first service to engage with Indigenous people with mental health conditions (Baldry et al. 2012). The experience of incarceration can result in poor mental health outcomes (Armour 2012). As stated in the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023, social and emotional wellbeing factors such as loss of culture, identity and family connection are a consequence of imprisonment for Indigenous people (Grace et al. 2011; PM&C 2017).

Mental health

Many Indigenous offenders experience mental health conditions before entering custody. The 2018 National Prisoner Health Data Collection (NPHDC) collected data from a sample of those entering and being discharged (1,138 prisoners in total) from prisons in all states and territories in Australia except NSW. Indigenous Australians made up 38% (435 prisoners) of the NPHDC respondents. In 2018, 803 entrants and 335 dischargees voluntarily completed forms that included self-reported experiences of various health measures. As part of the data collection, Indigenous entrants were asked whether they had ever been told that they had a mental health condition by a health professional. One-third (33% or 101) of Indigenous entrants reported having a previous diagnosis of a mental health condition, compared with 44% (211) of non-Indigenous entrants (AIHW 2019).

Cognitive impairments such as fetal alcohol spectrum disorder (FASD) and acquired brain injury have associations with entering the criminal justice system, and are important health issues among Indigenous Australians (Bower et al. 2018; McLean & McDougall 2014). Although there is limited statistical information in Australia about those with FASD in custody, implications of those with FASD in the criminal justice system could include decreased capabilities to understand expectations of sentences and fitness to plead (Freckelton 2016).

Suicide

The 2018 NPHDC showed that, of the 305 Indigenous prison entrants surveyed, about a fifth (21% or 65) reported a history of self-harm, and 12% (38) reported recent thoughts of self-harm in the year before they entered custody. About a fifth (21% or 103) of non-Indigenous prison entrants reported a history of self-harm, and 16% (75) reported recent thoughts of self-harm in the year before they entered custody (AIHW 2019). The NPHDC findings, including comparisons between Indigenous and non-Indigenous findings, should be interpreted with caution, because the NPHDC represents only a small sample of prisoners from the entire prisoner population.



During custody

Research has shown a high prevalence of mental health conditions among Indigenous prisoners. In the prisoner population, suicide attempts are more common among Indigenous adults than non-Indigenous adults. Although Indigenous Australians were no more likely to die in custody than other Australians, the number of Indigenous deaths is high because of the over-representation of Indigenous people in custody (Cunneen 2001).

Mental health

The 2018 NPHDC showed that, of the 127 Indigenous prisoners surveyed who were being discharged, 24% (30) reported being told by a health professional that they had a mental health disorder (including alcohol and other drug disorders). Eight per cent (10) reported a high or a very high level of psychological distress (AIHW 2019). These findings should be interpreted with caution due to the small number of surveyed prisoners in these groups. Currently, there are no available national data measuring various mental health diagnoses of Indigenous Australians in custody. However, some Australian state-based studies have produced prevalence estimates.

State-level research has shown that the prevalence of several mental health conditions for adults and young people was higher among Indigenous Australians than non-Indigenous Australians in custody (Butler et al. 2007; JHFMHN 2017). For example, a study of psychological disorders was conducted among a sample of young people in custody (100 Indigenous and 92 non-Indigenous) in New South Wales in 2015. Findings suggest that Indigenous young people were more likely to have a psychological disorder than non-Indigenous young people (87% compared to 79%, respectively) (JHFMHN 2017).

There is a high prevalence of mental health conditions among Indigenous prisoners (Heffernan et al. 2012; Heffernan et al. 2015b; Indig et al. 2010). For example, in a 2008 study, the proportion of Queensland prisoners having 1 or more mental health conditions was 73% (242) of Indigenous men and 86% (56) of Indigenous women (see also Box 1) (Heffernan et al. 2012). Among Indigenous Australians in the general population, 24% (an estimated 187,500) reported a mental health condition in 2018–19 (ABS 2019a).

The use of alcohol and other drugs has been considered an important factor contributing to the high rate of imprisonment of Indigenous Australians (NIDAC 2009). The NPHDC shows that Indigenous prison entrants were more likely to have a high risk of alcohol-related harm (46% or 141) compared to non-Indigenous prison entrants (26% or 126) (AIHW 2019). Doyle and others (2015) suggest that the needs of Indigenous prisoners differ from non-Indigenous prisoners regarding alcohol and other drug use treatment.

Box 1: Indigenous women in the criminal justice system

Indigenous women entering prison are more likely than non-Indigenous women to have offended, been convicted and been incarcerated previously, and to serve shorter sentences (Bartels 2012; MacGillivray & Baldry 2015). It has been suggested that these higher offending rates could be attributed to substance misuse, financial stress and historical and social factors that are unique to the experiences of Indigenous women (Baldry & Cunneen 2014; Sivak & Cantley 2017).

A study conducted in Western Australia and New South Wales showed that the majority of Indigenous mothers in prison often reported experiencing multiple stressors in their lives including discrimination, removal from family as children, and unemployment. For Indigenous mothers in New South Wales, poor mental health was associated with experiences of discrimination (Sullivan et al. 2019).

Imprisonment and adhering to conditions upon release from prison affects Indigenous women in a way that is a result of the unique circumstances they experience. These include racial and sex discrimination, a high prevalence of physical and sexual violence, and separation from dependent children (Bartels 2012; Walters & Longhurst 2017).

Anecdotal reports from prison staff in South Australia indicate that major issues for women in prison are mental health disorders, undiagnosed brain injuries, inability to access contraceptive methods, and returning to a violent household after they are released (Sivak & Cantley 2017).


Suicide and self-harm

Suicide attempts have been shown to be more common among Indigenous adults than non-Indigenous adults in custody (Indig et al. 2010). There is a high incidence of suicide attempts and ideation among Indigenous adults (Shepherd et al. 2018a) and young people in custody (JHFMHN 2017). For example, out of a sample of 107 Indigenous men in custody in Victoria, more than half (55%) had attempted suicide (Shepherd et al. 2018a). A history of self-harm is a significant concern because those who have already attempted suicide are at an elevated risk of death by suicide (Harris & Barraclough 1997).

Deaths in custody

Deaths in custody refer to deaths occurring in prison custody or in police custody (RCIADIC 1991). The 1991 Royal Commission into Aboriginal Deaths in Custody (RCIADIC) found that there were 99 Indigenous deaths in custody between 1980 and 1989. The RCIADIC found that the high number of Indigenous deaths was due to the over-representation of Indigenous people in custody (RCIADIC 1991; Walsh & Counter 2019). The RCIADIC also found that a lack of understanding of the duty of care required by custodial authorities contributed to deaths in custody (Cunneen 2001).

The Australian Institute of Criminology (AIC) reports on deaths in custody using the National Deaths in Custody Program database. The AIC reports show that, between 1991–92 and 2018–19, there were 2,357 deaths in custody (prison custody, police custody and custody-related operations,



and youth justice), of which 19% (455) were Indigenous deaths. A third (32% or 95) of Indigenous deaths in prison custody and a fifth (19% or 29) of Indigenous deaths in police custody or custody-related operations were self-inflicted (Doherty & Bricknell 2020). Since 2003, the death rate of Indigenous prisoners has been lower than that of non-Indigenous prisoners (Doherty & Bricknell 2020).

The annual Report of Government Services showed that nationally in 2019–20, there were 29 incidents of self-harm or attempted suicide requiring hospitalisation by Indigenous young people aged 10–17 in custody, compared with 12 incidents by non-Indigenous young people. There were 132 incidents not requiring hospitalisation by Indigenous young people, compared with 71 incidents by non-Indigenous young people (Productivity Commission 2021).

Post-release

There has been limited research into the mental health of Indigenous Australians after their release from prison custody, but the data that are available suggest that adverse outcomes—such as rates of deaths and mental health-related hospitalisations—are higher for Indigenous ex-prisoners than for non-Indigenous ex-prisoners (Hobbs et al. 2006; Stewart et al. 2004).

Mental health

It has been suggested that the exacerbated social disadvantage experienced by prisoners on release (such as difficulties in securing employment, housing and health care) could result in adverse mental health outcomes such as feelings of isolation, depression, and suicidal ideation (Cutcher et al. 2014; Kariminia et al. 2012). Currently, there are no nationally reported data on the mental health of Indigenous Australian ex-prisoners. A study conducted in Western Australia found that, compared to the state's general Indigenous population, rates of mental health-related hospital admissions were twice as high for Indigenous male ex-prisoners and 3 times as high for Indigenous female ex-prisoners (Hobbs et al. 2006).

Suicide

Mortality data (including suicide) of Indigenous prisoners after their release from prison has not been reported on a national level, but state-based studies have provided mortality estimates. In New South Wales, researchers compared the mortality rates of ex-prisoners to the general NSW population by linking NSW correctional data with the Australian National Death Index data. The suicide mortality rate for Indigenous male ex-prisoners was 2.9 times higher than for the general NSW male population. The suicide rate for Indigenous female ex-prisoners was 6.5 times higher than for the general NSW female population (Kariminia et al. 2012). More studies across all states and territories will improve the accuracy of statistics for the suicidality of Indigenous Australians who have been released from prison (Kinner et al. 2011).



3



Policy context

3 Policy context

The 1991 RCIADIC report found that the mental health of offenders and the over-criminalisation of Indigenous Australians are key factors relating to suicide and other deaths in custody (RCIADIC 1991). Since then, the mental health of Indigenous prisoners has become, and continues to be, a major public health concern for policy makers at the state and national level. National frameworks and public inquiries have recommended changes in:


- the treatment of prisoners
- the provision of culturally appropriate mental health care services
- early intervention programs for Indigenous young people.

Agreements such as the National Closing the Gap agreement highlights the reduction of incarceration rates for Indigenous Australians as a key outcome, some drivers of this being mental health and substance use issues (PM&C 2020).

Generally, frameworks outline recommendations for best practice to reduce contact with the criminal justice system and to improve mental health and suicide prevention outcomes. Common strategies include implementing Indigenous-led self-determination, viewing health and wellbeing holistically, implementing culturally appropriate practices, delivering services in a timely manner and practicing interagency collaboration (Sivak & Cantley 2017; State of Victoria 2017; State of Queensland 2019). Additionally, general recommendations include undertaking justice reinvestment strategies, changes in the treatment of prisoners and early intervention programs for Indigenous young people (RCIADIC 1991; State of Victoria 2017).

Justice reinvestment refers to approaches that re-direct government funding that would otherwise be used on prisons and the criminal justice system to address the underlying causes of crime in communities that produce large numbers of prisoners. The ultimate goal of justice reinvestment is to reduce re-offending and imprisonment (Schwartz et al. 2017; Thorburn & Marshall 2017). Improving mental health outcomes could eventuate into minimising contact with the criminal justice system (Willis & Kapira 2018).

Indigenous-led self-determination refers to the governance of Indigenous Australians over decisions that affect their community. It is recommended that Indigenous-led decision-making should be supported by the government and the mainstream mental health services system (Sivak & Cantley 2017). The National Strategic Framework for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Wellbeing 2017–23 (the National Framework) recognises the importance of collaborations between primary health networks and Aboriginal Community Controlled Health Services (ACCHOs) to implement mental health and suicide prevention programs and to improve mental wellbeing screening processes before and after release from custody (PM&C 2017). The National Framework recommends actions to support the mental health and social and emotional wellbeing of prisoners' post-release. Continuity of care refers to the care received during custody to be continued after release from prison. This can be ensured by providing an exit plan for the individual and connecting them with community services.




All jurisdictions deliver mental health services to Australians in prison. ACCHOs are primary health care services that are designed, implemented and governed by local Indigenous Australian communities. ACCHOs provide culturally appropriate care in the form of health education, health promotion, social and emotional wellbeing support and a range of other community development initiatives. ACCHOs can provide health care to prisoners during custody, specifically cultural workshops, parental support programs, and mental health and wellbeing promotion programs (Pettit et al. 2019). Services such as the Aboriginal Medical Services Alliance Northern Territory and Winnunga Nimmityjah provide primary health care to correctional facilities (ACT Government 2020; AMSANT 2019). All services are required to be equivalent to state and territory funded mental health services in the community, and the delivery of primary health care services is relatively consistent across the country (Clugston et al. 2018).

Frameworks such as *Balit Murrup: Aboriginal social and emotional wellbeing framework for Victoria* (State of Victoria 2017) and UNICEF's *The Children's Report* highlight the importance of providing adequate services to target children with mental health conditions early in life. The results of a study in Western Australia indicate that an Indigenous offender's first arrest often preceded their first contact with a mental health service (Morgan et al. 2013). Evidence also indicates that police are often the first service to engage with Indigenous people with mental health conditions (Baldry et al. 2012). The National Indigenous Law and Justice Framework 2009–2015 (NILJF) recommended that specialised police training could result in better identification of mental health conditions in Indigenous Australians, leading to the application of rehabilitative rather than punitive approaches to justice by police (SCAG 2009).

The NILJF highlighted the need for more sentencing options in order to manage the underlying issues of criminal behaviour, and for greater support for Indigenous-specific courts in particular (SCAG 2009). Under the current sentencing legislation, alternatives to imprisonment for children and adult offenders may include fines, community-based orders or participation in diversionary programs: the decision is made during court sentencing (Richards 2010). Alternative courts in Australia have responsibility for sentencing offenders, such as drug courts, mental health courts and culturally adapted courts for Indigenous people. Indigenous courts include Koori Courts, Nunga Courts, Murri Courts and circle courts (Bennett 2016; Marchetti & Daly 2004).

In 2017, the Australian Law Reform Commission (ALRC) developed a range of law reform recommendations in their *Pathways to Justice* report (ALRC 2018). The ALRC highlight that police diversions from the justice system can create opportunities for services to identify behavioural and mental health problems that contribute to criminal behaviour (ALRC 2010). Police in Australian jurisdictions generally have the option to exercise discretion to divert young people from court proceedings (ALRC 2010; Productivity Commission 2021). However, the Productivity Commission reports that, in most jurisdictions, there was a decline in the proportion of juvenile diversions from 2018–19 to 2019–20 (Productivity Commission 2021).

Nationally, Indigenous young people are less likely to receive a caution or be diverted from the justice system as non-Indigenous young people (Productivity Commission 2020). There are fewer diversions generally, despite state and territory level legislation emphasising the use of diversionary options for young people in the criminal justice system (Productivity Commission 2020). This shift is inconsistent with the United Nations' Convention on the Rights of the Child 1989 requirements (OHCHR 1989).



The RCIADIC suggested that staff working inside prison facilities did not have a thorough understanding of their duty of care, and that this may have contributed to some of the deaths in custody (RCIADIC 1991). Institutionalised racism has also been a factor contributing to arrests (Blagg et al. 2005). The ALRC recommends that governments review police procedures and practices to ensure equal application of the law (ALRC 2018).

The RCIADIC made recommendations about custodial health and safety issues, including more training of custodial staff to improve understanding of their duty of care towards offenders (Cunneen 2001; Mackay 2017). The Guiding principles for corrections in Australia 2018 (the Principles) are national guidelines around which each Australian state and territory will develop its practices, policies and performance standards. The Principles specify that use of force and restraints are intended to be used as a last resort with minimum force necessary used to manage the situation (CSAC 2018).

Similar findings and recommendations were made from the Royal Commission into the Protection and Detention of Children in the Northern Territory 2017 (RCIPDC 2017), which revealed accounts of abuse against children in youth detention (RCIPDC 2017). This includes the inappropriate use of isolation and restraints, verbal and physical humiliation by custodial staff, and withholding access to basic needs such as food, water and the use of toilets (RCIPDC 2017). Experiencing these conditions is likely to result in lasting psychological damage to young people and children (RCIPDC 2017).

The RCIPDC identified a need for greater comprehensive mental health screening when a young person is first admitted into detention and again during custody (RCIPDC 2017). Some studies have shown that the suicide risk of prisoners is most elevated early in the imprisonment period (IPCA 2012; Shaw et al. 2004). In response to the RCIPDC, the Northern Territory government, through the agency Territory Families have undertaken reform by developing an operating model to better suit young people's needs. This includes specialised staff training, hiring new recruits, and introduction of 'Australian Childhood Foundation's Trauma Informed and Strength Based approach' and Restorative Practice training (Northern Territory Government 2018). Additional information about these policies and legislation are found in **Appendix A**.



Box 2: Key policies and recommendations related to Indigenous Australians in the justice system

National frameworks and plans have recommended actions in the following areas:

- Promotion of Indigenous self-determination and governance for community and health programs. For example, this was recommended by the National Framework (PM&C 2017).
- Adequate funding for services to target children with mental health conditions early in life. For example, this was recommended in Balit Murrup: Aboriginal social and emotional wellbeing framework for Victoria (State of Victoria 2017).
- Mental health training for police, leading to more diversions away from the justice system. For example, this was recommended by the NILJF for 2009–2015 (SCAG 2009).
- More sentencing options as alternatives to prison. For example, this was recommended by the ALRC in 2018.
- Incarceration as a last resort. This was recommended by the RCIADIC (RCIADIC 1991).
- The use of solitary confinement and restraints as a last resort. For example, this is highlighted in Guiding principles for corrections in Australia (CSAC 2018).
- Thorough mental health screening routinely and on admission to youth detention. For example, this was recommended by the RCIPDC (2017).
- Continuity of care and exit-planning for after release from prison. For example, this was recommended by the National Framework (PM&C 2017).



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Relevant programs and initiatives

4 Relevant programs and initiatives

Programs and initiatives delivered by government and organisations across Australia aim to improve the mental health of Indigenous Australians involved with the criminal justice system and prevent their suicide. Several programs focus on preventing re-offending and criminal behaviours, while also improving social and emotional wellbeing as an additional benefit. Outside psychiatric treatment settings, mental health outcomes are rarely viewed as the focus of these programs. As a result, this section includes both programs that have mental health outcomes and programs that focus on protective factors associated with mental health and suicide (Table 1). Additional information about these programs and the methods used in the evaluations are in **Appendix B** and **C**, respectively.

Table 1: Mental health and suicide-related prevention programs affecting Indigenous Australians involved with the criminal justice system

Program or intervention	Factors relating to mental health and suicide prevention	Stages of the criminal justice system
Yiriman Youth Project Balunu Healing Program	Maintaining connections with culture and community (Dudgeon & Walker 2017; Gee et al. 2014)	Early intervention
Youth on Track	Engaging in regular social group activities (Ding et al. 2015; Saeri et al. 2017)	Early intervention
Indigenous sentencing courts	Indigenous ownership and community development (Dudgeon & Walker 2017; Gee et al. 2014)	Court processing
Mental health courts IMHIP	Mental health condition identification and referral to treatment	Court processing During custody
Family wellbeing program Red Dust Healing	Learning how to respond to family conflict and manage relationships (Cassels et al. 2018)	During custody
PALM residential treatment	Mental health condition treatment	Post-release
Mothering at a Distance Babiin-Miyagang	Maintaining connections with children (Hartworth & Hartworth 2005)	During custody Post-release
Dthina Yuwali CHART	Motivation to stop re-offending (Link et al. 2019)	During custody Post-release
ReSET program	Parenting advice and family support (Cassels et al. 2018; Hartworth & Hartworth 2005) and connecting with community (Gee et al. 2014)	Post-release

Early intervention programs

Early intervention programs aim to engage with Indigenous people before they enter the criminal justice system. Programs typically focus on building social and emotional wellbeing, including building connections to family, culture and community. Box 3 summarises the findings from evaluations of the early intervention programs reported in this section.

Box 3: What works to improve outcomes related to social and emotional wellbeing for early intervention programs

What works:


- Interagency collaboration to connect young people to services. For example, see the Youth on Track program
- Timely support and early referrals to services. For example, see the Youth on Track program
- Individualised discussion about mental health and suicide. For example, see Yiriman Youth program
- Indigenous governance of program design and implementation. For example, see Yiriman Youth and Balunu healing programs
- Indigenous coordinators and staff successfully building rapport. For example, see Yiriman Youth and Balunu healing programs
- Cultural activities to connect with cultural identity. For example, see Yiriman Youth and Balunu healing programs
- Pro-social activities and opportunity to build relationships. For example, see Yiriman Youth and Youth on Track programs

What doesn't work:

- Lack of rapport built between caseworker and participant. For example, see Youth on Track program
- The temporary nature of the program could be insufficient for those with severe mental health disorders such as substance dependency. For example, see Youth on Track program

Yiriman Youth Project

The Yiriman Youth Project is an on-Country, cultural immersion program for young Indigenous Australians aged 15–25. These young people have been referred by police, justice and mental health services as a response to attempted suicide (Bainbridge et al. 2018; Palmer 2013). Yiriman operates several types of initiatives, including men's trips, women's trips, foraging and harvest, video-making projects, and bush medicine workshops. Participants exchange stories, learn to care for the land and build relationships with peers and Elders. These activities can last from a couple of days to several weeks and are run in remote communities around Fitzroy Crossing, Western Australia (Palmer 2013).



The program was established in 2000 in West Kimberley, Western Australia by Aboriginal Elders concerned about young people in their community engaging in self-harm, suicide and contact with the criminal justice system. Since then, more than 1,500 participants have been supported by the program (Palmer 2013).

Yiriman has 2 overarching objectives for Indigenous young people: to develop skills in land management and to reduce the likelihood of suicide and contact with the criminal justice system. Through participation in cultural activities, it also aims to increase young people's awareness of mental illness and harmful substance use, discuss suicide prevention, promote positive health attitudes, help them experience positive social connections, and reduce their likelihood of future criminal behaviour (Palmer 2013).

The program has received funding from the Australian Government, including the Department of Health and the Attorney-General's Department, which is aligned with the National Indigenous Law & Justice Framework (Palmer 2013). A major success of the Yiriman project is that it is community owned and designed and delivered by Indigenous Australians. This aligns with the best-practice approach of Indigenous self-determination and governance. The program was recognised for its on-Country governance through winning the Reconciliation Australia 2012 Indigenous Governance Award. Yiriman is widely regarded as successful and a positive example of best practice for working with Indigenous young people (Productivity Commission 2016).


Evaluation

Palmer's (2013) evaluation included observations made across 3 years (2010 to 2013) of the program. The aim was to investigate the way that staff worked and how trips were organised. To collect evidence, evaluators attended on-Country trips and directly observed the activities of caseworkers, staff and participants. Evaluators also considered written and verbal feedback from community members about trips. Although mental health and suicide outcomes were not specifically measured, other outcomes of the program were documented and found to improve social and emotional wellbeing. For example, the evaluation found that the program served to connect program participants with culture and community—this is important for the social and emotional wellbeing of Indigenous Australians (Dudgeon & Walker 2017; Gee et al. 2014). Possessing a strong cultural identity has been shown to be a protective factor against mental health symptoms (Dockery 2010; Shepherd et al. 2018b) and that it can protect against distress from discrimination (Bals et al. 2010; Ikram et al. 2016).

Qualitative evidence indicated that the program was successful in engaging young men and women who have had contact with the criminal justice system (Palmer 2013). Caseworkers created safe environments and approached difficult conversations about mental health and suicide with individuals. Rapport was built between participants and staff, and young people actively sought practical and personal support.

Participants reported that they:

- learned to manage emotions and described feeling hopeful about the future
- were able to express joy and have positive experiences without the presence of alcohol or other substances
- gained satisfaction in learning about their culture and identity
- felt united with their family during and after the program.



Yiriman succeeded in building and strengthening relationships among other participants, older generations and the general community. Participants showed increased involvement in schooling and showed motivation to learn. Young people, their families and educational staff believe that the program intercepted the trajectory of young people's offending (Palmer 2013; Thorburn & Marshall 2017).

The evaluators concluded that Yiriman provides an example of an effective Indigenous-led program (Palmer 2013). Local language, narrative and ideas informed the planning, approach and content of the program. Yiriman has been able to build and maintain partnerships with a wide range of organisations, services and agencies. Participants were able to receive additional support from health and social services, even after they completed the program. Interviews with representatives from these services and organisations indicate a high regard for the program.

Continuity of care was planned in the design of the program. The Yiriman office serves as a reliable and comfortable location for young people to visit, even after they completed the program. Caseworkers successfully follow up with young people and ensure that their needs are met. Yiriman employs competent staff, including local Indigenous workers who have relevant skills and experience in working with the local community. The program has demonstrated its ability to attract and retain talented workers, which is a challenge considering the breadth of skills that some roles require. Some participants later returned to work as coordinators (Palmer 2013).

Balunu Indigenous Youth Healing Program

Balunu is an on-Country, residential healing camp for young Indigenous Australians aged 11–17. These young people have been referred by police, courts and other agencies, and many had had instances of substance misuse. During healing camps, young people engage in cultural activities, including developing land management skills, crafting artefacts, preparing bush tucker, and painting. Counselling and treatment is promoted by staff. Camps usually last for a week and are run in natural bush settings near Darwin (Blignault et al. 2013).

The program aims to incorporate cultural healing practices in a safe environment to improve the social and emotional wellbeing of Indigenous young people (Blignault et al. 2013). Specifically, it aims to increase self-esteem, confidence and self-respect, to engage youth with education services, to reduce antisocial and criminal behaviour and to build emotional resilience and cultural spirituality of young people (Blignault et al. 2013).

Evaluation

An evaluation conducted over 3 years identified the strengths of the healing program (Blignault et al. 2013). The program appeared to positively affect the social and emotional wellbeing of young people (according to interviews with participants), although the evaluation did not measure mental health, suicide and criminal behaviour outcomes. Maintaining connections with culture and community is important for the social and emotional wellbeing of Indigenous Australians (Gee et al. 2014; Dudgeon et al. 2014). By being exposed to positive role models and cultural representation in Elders and caseworkers, cultural identity can be strengthened, which can protect against adverse mental health outcomes (Dockery 2010; Shepherd et al. 2018b). Social connections among peers and having an opportunity to enjoy pro-social activities can result in positive mental health outcomes (Ding et al. 2015; Saeri et al. 2017). Evaluators conducted interviews and observed participants by attending a healing camp. Blignault and others (2013) reviewed the following key themes:

- program history and development
- operation (including participant experiences and impacts)
- strengths
- challenges for effectiveness, growth and sustainability
- future vision and potential.

Findings showed that Balunu caseworkers created a safe environment in the camp so participants felt comfortable to self-reflect and share their experiences. Qualitative results showed that rapport was built between participants and staff through exchanging stories and sharing similar life experiences. Young people had the opportunity to observe Indigenous leadership and celebrate their own heritage and culture. Listening to the knowledge of Elders and connecting with culture was found to increase young people's sense of identity and self-esteem. The relationships and friendships made appeared to be highly valued by the young people (Blignault et al. 2013).


Youth on Track

Youth on Track is a voluntary, early intervention program for all young people aged 10–17 who have had formal contact with the criminal justice system. Participants are referred by police, justice and education. Youth on Track conducts assessments, case management and interventions to target the underlying issues of criminal behaviour. Case workers help young people identify the triggers of their offending behaviour and work through solutions. Case workers encourage, organise and finance engagement in pro-social activities including sports, music and gym. Participants also participate in behavioural training to build confidence in social situations. Youth on Track offers access to support services, enhances engagement in learning, and strengthens connections with family and community members. Family therapists and caseworkers trained in mental health first aid are utilised. Young people usually participate for a minimum of 3 months (CIRCA 2017). The Department of Communities and Justice and Youth Justice NSW funds non-government organisations to deliver the program in 7 locations across New South Wales. The exact number of participants is not published, but the Bureau of Crime Statistics and Research (BOCSAR) estimate that 1,720 young people per year are in the Youth on Track target group in NSW (NSW Government 2019).

The aim of the program is to reduce young offenders' future contact with the criminal justice system through interventions that address their needs. A main focus is to refer young people to appropriate programs and support services. Stakeholders acknowledge that reducing re-offending is part of the work and not the ultimate objective. The program's focus is to offer timely support and improve outcomes relating to mental health and criminal behaviour (CIRCA 2017).

Evaluation

An 2017 evaluation interviewed 18 participants, of which 3 identified as Indigenous (CIRCA 2017). Interviews were also conducted with 18 family members and carers, 15 stakeholders and 10 staff members. Additional data were gathered through administrative records. A total of 45% (128) of the young people who participated in the program between 2015 and 2016 were Indigenous. Although specific mental health, suicide and criminal behaviour outcomes have not been measured, this program appears to have positively affected social and emotional wellbeing by facilitating social activities and connection to community. Engaging in regular social group activities and interactions



has been shown to improve mental health by increasing social connectedness (Ding et al. 2015; Saeri et al. 2017) and minimising social isolation (Saeri et al. 2017).

Qualitative evidence showed that participants felt stronger connections with their family and community due to the family interventions. Satisfaction survey results show that participants were positive about the experience and would recommend it to other people. Participants appeared to understand the consequences of their actions and criminal behaviour, and they showed motivation to change their attitudes and goals (CIRCA 2017).

Interagency collaboration and timely referrals to other programs, services and agencies was successful, with caseworkers funding sports training and purchasing uniforms to help participants engage in activities. Exit-planning was integrated into the design of the program, and this enabled continuity of care.

Staff had specialised training in:

- youth mental health first aid
- cultural competence and justice
- administering motivational, behavioural and family interventions (CIRCA 2017).

Evaluation of the program demonstrated that engaging with education was a key area of change for non-Indigenous young people, but it was still difficult for them. Indigenous participants were also less likely to complete the whole program. The absence of an Indigenous caseworker may have been a hindrance to building rapport and could explain these outcomes. Alcohol and substance use were other issues that caseworkers targeted, but outcomes were not investigated in the evaluation. Facilitators of the program reported that positive substance-related outcomes would be unlikely due to the high level of trust and rapport a young person needs to discuss a taboo subject. The temporary nature of the program (several months) means that staff may not have enough time to build rapport or to improve outcomes related to substance use (CIRCA 2017).

During court processing

Court processing experiences can present challenges for wellbeing and mental health. Mental health and Indigenous sentencing courts offer an alternative to the traditional model of criminal court processes that aim to treat offenders in a way that is more suited to their specific needs.

While specific mental health and suicide outcomes are unknown for alternative courts, available evidence indicates they may positively affect aspects of social and emotional wellbeing, namely community building (Richardson 2019).

Box 4 summarises the findings from evaluations of the programs reported in this section.

Box 4: What works to improve social and emotional wellbeing during court processing

What works:

- Interagency collaboration to connect young people to services. For example, see mental health courts
- 'Giving a voice to the accused'. For example, see Indigenous sentencing courts
- Indigenous-led design and implementation. For example, see Indigenous sentencing courts

What doesn't work:

- Participants feeling as though their voices are overlooked in mainstream court systems

What we don't know:

- Whether reductions in criminal behaviour is attributable solely to attending alternative sentencing courts
- What mental health and suicide outcomes are attributable to participation in alternative courts


Mental health courts

Mental health courts are alternative courts that differ from the traditional model of criminal court processes. The courts work with mental health professionals to address the needs of offenders with mental health conditions by exercising a therapeutic approach rather than a punitive approach (Davidson 2015). The interdisciplinary court teams design and implement treatment plans for the accused person (Richardson 2019). Those with existing and ongoing mental health conditions are eligible, and participation in these courts are voluntary. Mental health courts are implemented in South Australia, Tasmania, Western Australia and Victoria. The objective is to address the underlying causes of criminal behaviour by referring offenders to appropriate treatment services rather than punitive sentences such as imprisonment (Davidson 2015).

Evaluation

Evaluations of Australian mental health courts have shown reductions in re-offending, but it is unclear whether changes to criminal behaviour are solely attributable to these courts (Richardson 2019). There could also be unintended negative outcomes for the offender (AIC 2011) because many mental health courts require the offender to plead guilty to the charges against them before they can participate. This can result in offenders receiving a criminal record, which is a major barrier to finding employment and housing. These outcomes potentially have ongoing negative effects. For example, unemployment is linked to negative health effects post-release (Alan et al. 2011), and lack of accommodation is associated with incarceration (Baldry et al. 2006).

Providing consent to participate in the court may not be possible for offenders with severe intellectual disability or mental illness, but these offenders are the most in need of alternative court systems. If offenders are unwilling or incapable of consent, they are referred to mainstream courts or alternative court processes such as drug and alcohol courts if they are eligible (AIC 2011).



There are no data for mental health or suicide outcomes as a result of these courts. Even so, social and emotional wellbeing could be improved for offenders because mental health court provides an opportunity for them to connect with rehabilitative services (Richardson 2019).

Indigenous sentencing courts

Indigenous sentencing courts are alternative courts that differ from the traditional model of criminal court processes. These courts involve the Indigenous community in the sentencing process in a culturally appropriate setting (Bennett 2016). They are designed according to the context of the local Indigenous community and are used to sentence Indigenous young people or Indigenous adults depending on the criteria of the court (Marchetti & Daly 2004). They are established in every state and territory except Tasmania (Marchetti 2009). Some courts are referred to as Koori Courts (Victoria), Nunga Courts (South Australia), Murri Courts (Queensland), community courts (Western Australia and Northern Territory) or Circle Courts (Australian Capital Territory).

Although the practices of these courts differ across areas, they have general similarities:

- Indigenous court workers are employed in court administration positions.
- The magistrate sits at eye level to the offender, alongside a respected Indigenous person or Elder.
- The role of the Elder is usually advisory to the magistrate (but varies by jurisdiction).
- The setting is less formal than mainstream courts.
- The offender and a support person sitting beside them can speak directly to the magistrate about the offender's charges and behaviour.


The process can result in each case taking a longer time to reach a sentence than mainstream courts take (Marchetti 2009).

Evaluation

Several evaluations of Indigenous sentencing courts have been conducted, most of which assessed the courts' effectiveness in reducing re-offending and facilitating community building. Participation rates of offenders in Indigenous courts appear higher than for Indigenous offenders in mainstream magistrates' courts (Morgan & Louis 2010; Tomaino 2004). These higher rates of participation in the courts for Indigenous offenders is suggested to be attributable to Indigenous-led design and implementation of these courts.

There is mixed evidence that the courts reduce re-offending. Some reviews have found reductions in re-offending (Department of the Attorney-General 2014), but others have found no significant reductions (CIRCA 2013; Morgan & Louis 2010). The Cultural & Indigenous Research Centre Australia (CIRCA) found qualitative evidence suggesting positive changes in offenders' behaviour regarding family connections, employment, and substance misuse.

Participation and dialogue in the courts successfully generated understanding and accountability of the offenders and increased the perception that their sentences were appropriate (CIRCA 2013). By having the offender participate in a system that has been designed and implemented by their own community, their sentence could be more likely understood and viewed as appropriate (CIRCA 2013).



The offenders, their families and communities have greater trust in Indigenous sentencing courts compared with the mainstream criminal justice system (Morgan & Louis 2010). This could be due to the offender having more of a voice in the courtroom. The offender has time to share their experience and provide more information about their sentence, which results in the magistrate making a more informed decision (Bond & Jeffries 2012; Harris 2006; Morgan & Louis 2010).

Many evaluations noted that these courts succeeded in delivering culturally appropriate sentencing processes that considered the circumstances of the offender within their community (CIRCA 2013; Harris 2006; Marchetti 2009; Parker & Pathe 2006). There is a demand for more Indigenous sentencing courts to operate across Australia (Bennett 2016; Marchetti 2009). Programs that are rehabilitative in conjunction with these culturally adaptive courts can target underlying causes for offending and result in better mental health outcomes (Bennett 2016).

During custody

Programs for Indigenous Australians in custody generally focus on developing life skills and their connections to family and culture. These programs can have positive effects on social and emotional wellbeing. Specific mental health, suicide and criminal behaviour outcomes were generally not measured.

Box 5 summarises the findings from evaluations of the programs reported in this section.

Box 5: What works to improve social and emotional wellbeing for programs during custody

What works:

- Indigenous facilitators. For example, see the Family Wellbeing program
- Cultural activities to connect with identity. For example, see the Family Wellbeing, Dthina Yuwali and Red Dust Healing programs
- Strengths-based approach. For example, see the Family Wellbeing program

What doesn't work:

- Not having plans for continuity of care, since many prisoners serve short sentences. For example, see Mothering at a Distance program
- Unsentenced prisoners may not be eligible to participate in custodial setting programs. For example, see Mothering at a Distance program
- Connecting to services not built into the design of the program. For example, see Dthina Yuwali program

What we don't know:

- Outcomes of specific mental health and suicide outcomes as a result of program interventions



The Family Wellbeing Program

The Family Wellbeing program is a social and emotional wellbeing program that is designed to support Indigenous adults, families and children who have mental health conditions, substance misuse issues, or who have experienced violence. The methods and interventions vary depending on the specific setting, but generally, the program teaches skills that participants can use to gain control over their lives and sustain healthy lifestyles. Participants take part in a range of group workshops about physical, emotional and spiritual health, and these usually run for a 10-week period. Established in 1993, the Indigenous-led program is delivered in youth detention centres, child protection agencies, and in communities nationally (Whiteside et al. 2016).

The program aims to enhance individuals' control over health and awareness of their emotional, spiritual and mental health needs. These aims are progressed by engaging in cultural activities and connecting to support services. The program also includes problem-solving skills, resilience building, relationship management and discusses self-harm, drug and alcohol misuse (Whiteside et al. 2016).

Evaluation

A 2016 evaluation collected data from 30 Indigenous male participants younger than 25 years. A subset of the participants was incarcerated, and the others were in the community deemed to be at risk of self-harm (Whiteside et al. 2016). While suicide and offending outcomes were not measured, there is evidence that the program had a positive impact on participants' social and emotional wellbeing. The evaluation found that levels of psychological distress were reduced for participants from pre-program to post-program measures.


Evidence showed that participants' believed that they had improved some life skills. Participants responded using a rating scale (out of 5) that indicated their perceived improvement in different parts of their lives. A rating of 4 out of 5 indicated major improvement. The largest improvement was in participants' ability to manage their relationships: 75% of the 30 participants reported improvement in this area. This is notable because the ability to respond to family conflict and manage relationships safely can reduce the risk of self-harm in adolescents—continued family dysfunction is related to poor mental health outcomes (Cassels et al. 2018).

Most participants also felt that they had improved their ability to deal with emotions (65%), cope with issues (55%), and deal with issues positively (55%). Qualitative evidence showed improvements in building relationships, forming positive social behaviours, exerting emotional control and reduced substance use. Participants enjoyed learning about their culture, felt more confident in managing relationships and felt more connected to their family and community. A common reason for participants dropping out of the program was heavy substance use, indicating that this program may not be as suitable for those with severe addictions (Whiteside et al. 2016).

Mothering at a Distance

Mothering at a Distance is a parenting program for mothers in custody who have young children under 5-years living in the community. The program is run in a group setting, and it teaches mothers:

- how their behaviour affects children
- how to relate to and discipline children.



Mothers also engage in craft-making activities with other mothers and have opportunities to build relationships and share experiences with each other. Established in 2006, the program operates in correctional facilities for female prisoners in NSW and runs for 10 sessions. The aim is for mothers to maintain a positive relationship with their children in order to reduce trauma caused by separation during incarceration and protect against mental ill health (Rossiter et al. 2016).

Evaluation

An evaluation of this program interviewed 24 mothers (13 Indigenous), although some of these interviews were conducted years after the participant had completed the program (Rossiter et al. 2016). Although specific mental health, suicide and criminal behaviour outcomes were not measured, this program has the potential to positively affect social and emotional wellbeing by connecting parents with their children.

Maintaining relationships between parents and children can be beneficial for the mental health and wellbeing of the family unit (Hartworth & Hartworth 2005). This is important in an Indigenous context of wellbeing, where family connection is essential for overall health and wellbeing (Gee et al. 2014). The program may also reduce the risk of criminal behaviour by the child in the future, given that a positive parental relationship can improve outcomes such as these for children (Hartworth & Hartworth 2005).

Participants reported the importance of spending time with other mothers and learning about communicating with their children. They valued being able to create and send gifts to their children. Some mothers in prison were asked why they had not participated in the program: some stated that they had not participated in any parenting program because none was available, or because their short sentence had made them ineligible for the program. Some did not complete the program because they were released from prison during participation (Rossiter et al. 2016).


Dthina Yuwali Aboriginal Alcohol and Other Drug Program

Dthina Yuwali is an alcohol and other drugs program for Indigenous young people currently in youth detention or outside custody. Participants' offences include intoxication, substance use or efforts to obtain substances. The program is delivered in a group setting where participants engage in cultural and educational activities. Cultural activities included learning circles and exchanging stories with Elders. Interventions can be individual, and intervention methods are evidence-based and target risk factors associated with offending and substance use. Cognitive behavioural therapy is utilised (CIRCA 2013).

The program aims to reduce harmful substance use and to discourage re-offending for participants by increasing their motivation to participate in counselling and change their attitudes to substance use. The program was developed by Aboriginal Juvenile Justice staff with input from Elders and community members as part of the Aboriginal Strategic Plan (Productivity Commission 2019). The program has reached more than 142 participants (CIRCA 2013).

Evaluation

An evaluation of the program conducted in 2011 showed the social and emotional wellbeing of participants improved, as did their attitudes to criminal behaviour (CIRCA 2013). Although specific mental health, suicide and criminal behaviour outcomes were not measured, the cessation of



re-offending (also referred to as desistance) is positively related to improve mental health (Link et al. 2019). Dthina Yuwali met at least 2 of the evaluators' objectives: they provided strength-based solutions and always had at least one Indigenous facilitator present. Interviews with staff, stakeholders, justice workers and Elders showed some short-term outcomes, including the participants' increased motivation to reduce substance use and to stop offending. Participants reported higher levels of social connection with their community and a sense of belonging. Engaging in cultural activities and learning about identity was seen as valuable by participants (CIRCA 2013).

Survey results show that most participants (87%, or 69 people) found that the program was helpful. The evaluation revealed that mechanisms connecting participants to health services was not built into the design of the program but was implemented *ad hoc* for participants. Lack of continuity of care could become an issue if young people are not connected to the services they require in a timely manner. The main limitation of Dthina Yuwali was that most participants did not fully complete the program—most completed only the first out of 3 stages, which could make long-term behaviour change unlikely for these participants (CIRCA 2013).

Red Dust Healing


Red Dust Healing is a cultural healing program for Indigenous men, women and families. The program has been implemented at juvenile detention centres and adult prisons as well as in the community and schools. The program is adaptable to the setting and community and has addressed issues including mental health, suicide prevention, family violence, grief and substance abuse (Thompson 2018). Generally, the program encourages participants to recognise issues in their lives that arise from rejection and grief, and to improve positive decision-making. It is usually delivered as a 3-day workshop and encourages a safe environment for participants.

Participants are taught about LORE (Land, Origin, Respect, Elders) versus LAW (Legalities, Attorney-General, Westminster system). LORE is about where Indigenous people belong and maintaining earned respect for one's self, land, people and Elders. Participants are taught that if LORE is upheld, it makes the other LAW redundant, enabling them to keep their power and freedom and avoid the criminal justice system (Thompson 2018). Established in 2007, this Indigenous-led program has since reached a more than 15,000 people in Australia and overseas, including members of the Maori community in New Zealand. The program aims to teach participants how to improve their physical, emotional and spiritual health by connecting with their culture and community (Thompson 2018).

Evaluation

An evaluation of the program conducted in 2018 showed positive effects on social and emotional wellbeing, but specific mental health, suicide and criminal behaviour outcomes were not measured (Thompson 2018). Participants reported that they felt satisfied with the content of the Red Dust Healing and the tools learned. They also had:

- an increased ability to express emotions and deal with grief
- more self-awareness
- the ability to make better decisions
- increased skills in family-related conflict resolution
- a stronger connection to culture and spiritual identity.



Of the participants who took part in the interview, many reported that they continue to use the training learned from the program in their lives (Thompson 2018). The ability to respond to family conflict and manage relationships safely can reduce the risk of self-harm in adolescents (Cassels et al. 2018), and participating in social group activities can lead to positive mental health outcomes (Saeri et al. 2017).

The Indigenous Mental Health Intervention Program

The Indigenous Mental Health Intervention Program (IMHIP) is a social and emotional wellbeing service for Indigenous people in custody. This Indigenous-led program provides care during custody to identify mental health conditions and provide transitional support before leaving prison. The program aims to improve mental health outcomes by viewing health holistically and implementing culturally appropriate methods. The program is currently being provided to female prisoners in Brisbane and is still being evaluated since the measurement of outcomes has been incorporated into the design of the program (Queensland Mental Health Commission 2018).

Post-release

Recently released prisoners face several challenges to adjusting to living outside prison (Sivak & Cantley 2017). There is less structure outside prison and, for some ex-prisoners, less social contact (Abbott et al. 2018) as the community and family networks they had before entry might no longer exist. The resulting need to rebuild social connections can be difficult, especially considering the stigma of being an ex-prisoner and other prejudice that can be experienced (Sivak & Cantley 2017).

The need for social and mental health support is particularly apparent for prisoners that return from prison to violent households or to social groups with high levels of substance use. This is a major issue that has been highlighted by prison staff in South Australia: there is a lack of continuity of care into the community after release. Some jurisdictions (Queensland, Victoria, the Northern Territory and the Australia Capital Territory) provide transitional services for prisoners returning to the community, but others do not (Sivak & Cantley 2017).

Box 6 summarises the findings from evaluations of the programs reported in this section.

Box 6: What works to improve social and emotional wellbeing for post-release programs

What works:

- Indigenous facilitators. For example, see Babiin-Miyagang
- Knowledge passed down by Elders. For example, see the Babiin-Miyagang program
- Pro-social activities. For example, see Program for Adolescent Life Management (PALM)
- Learning within a group and community connectedness. For example, see Babiin-Miyagang and PALM
- Sharing experiences with others and expressing emotions non-judgementally. For example, see Babiin-Miyagang

What doesn't work:

- No Indigenous-specific options for community services for referral of participants. For example, see PALM
- Not having effective strategies to reduce participants' early exit of the program. For example, see Changing Habits and Reaching Targets (CHART)

Changing Habits and Reaching Targets

Changing Habits and Reaching Targets (CHART) is a cognitive behavioural therapy program delivered by caseworkers to reduce re-offending of young people after their release from custody. Participants engage in 30-minute sessions with their caseworker to complete the program, which can take 16–32 weeks to complete. CHART has been implemented in most states and territories in Australia (Productivity Commission 2019).


Evaluation

A study in NSW analysed data that had been previously collected by Juvenile Justice NSW field staff. The data were entered into the Juvenile Justice Client Information Management System and matched to BOCSAR's Reoffending Database. The study aimed to investigate recidivism outcomes during a 12-month follow-up (Nastaly 2019).

Results showed that a large proportion of young people failed to complete the CHART program. Reasons for this were mainly due to administrative factors rather than client-initiated factors. The program's effects on social and emotional wellbeing have not been published, although it has been found that those who did not complete the program were at a greater risk of re-offending (Nastaly 2019). There has been no evaluation of the mental health, suicide or wellbeing outcomes for this program. Research has shown that the cessation of re-offending, which is an aim of CHART, is related to positive mental health (Link et al. 2019).

Program for Adolescent Life Management

The Program for Adolescent Life Management (PALM) is a residential treatment service for young people aged 13–17 years in Sydney with experiences of substance misuse. The program targets



young people who have had recent contact with the criminal justice system and who experience mental health conditions or substance dependency. PALM provides a facility with accommodation that participants can stay in for up to 3 months, paying rent. Entrants are screened for mental health conditions and suicide risk, and receive individualised treatment plans. Staff consist of psychologists and counsellors who have completed Indigenous cultural awareness training. Partnerships with ACCHOs are utilised. Treatment includes living skills training, creative group work, individual therapy and recreation activities. After completing the PALM program, participants can progress to the Continual Adolescent Life Management program, which runs for 3 years and focuses on maintaining the skills that have been learned in PALM (Howard & Arcuri 2005; Nathan et al. 2016). The program aims to reduce substance use and improve the mental health of young Australians.

Evaluation

An evaluation conducted between 2001 and 2005 measured outcomes for 289 young people, 23% of which were Indigenous. Adolescent and family counsellors administered questionnaires to participants either face-to-face or over the phone.

Self-reported data showed positive outcomes for:

- mental health
- criminal behaviour
- substance use frequency.

Social or family functioning did not improve for Indigenous participants, even though they improved for non-Indigenous participants. Clinical staff suggested that this could be because the community services the participants were referred to were not Indigenous specific. This could be improved by creating and maintaining relationships with culturally appropriate agencies and support services (Howard & Arcuri 2005). The evaluation did not discuss the cultural appropriateness of the measures used.


Babiin-Miyagang

Babiin-Miyagang is a parenting program targeting Indigenous male parents and caregivers who have had contact with criminal justice system. The program teaches participants about cultural heritage, tradition, and the impacts of colonisation. The aims are to strengthen skills in parenting, leadership and communication so they can improve the social and emotional wellbeing of the family. The Indigenous-led program runs for 5 sessions and operates across NSW (Rossiter et al. 2016).

Evaluation

An evaluation of the program was conducted involving structured interviews with participants shortly after they completed the program. Although specific mental health, suicide and criminal behaviour outcomes were not measured, this program appeared to positively affect social and emotional wellbeing.

Maintaining relationship between parents and children can be beneficial for the mental health and wellbeing of the family unit (Hartworth & Hartworth 2005). Family connection is essential for overall health and wellbeing for Indigenous Australians (Gee et al. 2014). Furthermore, a positive parental relationship can improve outcomes for children, thus 'breaking the cycle' of criminal behaviour within the family unit (Hartworth & Hartworth 2005).



Participants learned how to manage feelings of shame associated with their time in custody. They also reported feeling connected to their children after being shown how their actions could affect the child emotionally and mentally. Fathers expressed renewed motivations to become 'a better father' and live a better life. Other reported outcomes were feelings of hope for the future and the reassessment of priorities. They felt that learning in a community with other fathers in the cultural community was valuable, particularly because of the facilitation by Indigenous Elders, the benefits of which could be lost if relying solely on individual counselling to improve mental health (Rossiter et al. 2016).

ReSET

ReSET is a justice program targeting men and women in prison who are due to be released within 6 months. ReSET provides services during custody and in the community after release. Participants in the program have been assessed by the Department as being at risk of re-offending. The aim is to support people transitioning into the community by delivering services in the areas of accommodation, education, parenting and family. Participants are provided with individualised plans on how to reconnect with family, community and culture upon release. Pro-social life skills, independent living skills and parenting skills are developed.


One-on-one support is provided after release from prison for up to 12 months, which included assistance with financial information, compliance with parole conditions and referral to specialist services in the community.

ReSET is a culturally competent program that views service delivery holistically. While they do not solely include Indigenous participants, there is a strong Indigenous perspective. The services are delivered by several agencies and led by the Wungening Aboriginal Corporation. The program operates in prisons in Perth, Western Australia. There is no publicly available information about a review or evaluation of this program (WAC 2018).

Summary of what works

Indigenous self-determination and governance are important factors for the effective design and implementation of Indigenous wellbeing programs (CIRCA 2013; Palmer 2013). Indigenous community members know the needs of their local community and understand how to best connect with those at risk of offending (Bennett 2016; Palmer 2013). Furthermore, Indigenous members of the community know how to organise the logistics of cultural activities on Country, which can be integrated into initiatives to prevent offending or to support or rehabilitate offenders (Palmer 2013).

There is some evidence that programs that bring together people who have had similar life experiences or similar backgrounds can benefit program participants. Indigenous people who participated in programs such as Babiin-Miyagang and Red Dust Healing reported that it felt important to engage with other participants and facilitators who understood the issues that they face, and that it was valuable to learn from community Elders. Offenders being processed in Indigenous sentencing courts found it transformative to be judged by members of their community rather than by authorities from outside the community (CIRCA 2013). That said, the evidence that Indigenous sentencing courts are effective in reducing re-offending is mixed, in that some reviews found reductions (Department of the Attorney-General 2014) and some reviews found no significant reductions (CIRCA 2013; Morgan & Louis 2010).



The relationships with the program caseworkers is important because discussing mental health and suicide can generate discomfort and stigmatisation for the individual and their family (Heffernan et al. 2014). The positive rapport in many Indigenous-led programs, such as Yiriman Youth Project and Red Dust Healing, enables participants to better learn within a group, express feelings without judgement and have a voice. These factors can ease discomfort in having difficult discussions about mental health and suicide (Bennett 2016; Rossiter et al. 2016).

Identity may be lost for many Indigenous people in the criminal justice system, partly as a result of being placed in out-of-home care early in life and being unable to feel connected to their heritage (Chandler & Lalonde 2008; Palmer 2013). For young people at risk of coming into contact with the criminal justice system, seeing and engaging with positive role models helps them connect with their cultural identity. The Yiriman Youth Project demonstrates this engagement and how it can then lead to positive changes in behaviour (Thorburn & Marshall 2017). For programs that are not focused on regaining cultural identity, cultural competency should be incorporated into the design and delivery of the program (Abbott et al. 2018; Grace et al. 2011). The Youth on Track program (CIRCA 2017) is an example of where the cultural competency of staff has been considered and integrated into the program.

At the conclusion of a program, it is important that there is plan in place that enables continuity of care. Continuity of care ensures that any benefits of program participation can be sustained over the long term. Examples of continuity include putting in place an exit plan for prisoners being released and establishing communication with services outside prison (Abbott et al. 2018; Sivak & Cantley 2017).

For those recently released from prison, navigating the requirements of multiple government agencies is challenging without support (Abbott et al. 2018). Program facilitators have an important role to play. For example, they can help ex-prisoners form and maintain relationships with support services. This work can enhance interagency collaboration. This was done successfully by the Yiriman Youth Project and Youth on Track programs. Timely support and early referrals were built into the design of these programs, ensuring that participants received support during and after completion of the program. Collaboration can enable the smooth functioning of systems, the timely identification of mental health conditions, and provision of referrals to services. Collaborations like these can be introduced at all stages of contact with the justice system, to better support wellbeing (CIRCA 2013; Sivak & Cantley 2017).

The support provided should also match the needs of the individual. Support staff should tailor mental health and suicide conversations to the individual's needs. This can assist with promoting positive outcomes, including identifying and changing self-harm (Sivak & Cantley 2017). The individual should also be matched with a suitable program. Short-term community programs such as Youth on Track may struggle to facilitate treatment for severe mental health or substance issues, for example. In contrast, services such as PALM may be more equipped to deal with more severe substance addiction issues. PALM provides structured treatment that is administered by clinical specialists in a residential facility that specifically aims to improve substance-related outcomes (CIRCA 2017; Howard & Arcuri 2005).



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Gaps and limitations

5 Gaps and limitations

Planning and implementing programs in the custodial setting has many challenges. There are limited data from program evaluations. This problem is exacerbated by the likely under-reporting of mental health issues in the Indigenous prison population (AIHW 2010; McCausland et al. 2017).

A particular challenge is the nature of incarceration. Offenders from many geographical areas are located in a single correctional centre that is away from an appropriate Elder or respected community person. This limits the ability for all prisoners to be in a program with an appropriate Indigenous community member, despite the importance of doing this (CIRCA 2013; Palmer 2013). A facilitator who is a complete stranger to the prisoners can find it difficult to maintain rapport with them and earn their respect (CIRCA 2013).

The nature of prison also means that familiarity and bonds between program participants can be lost once a participant leaves custody. This can be addressed by ensuring there is continuity of care in place for prisoners who are released or relocated (CIRCA 2013)

Program evaluations

There are few programs and even fewer evaluations of programs that focus on improving the mental health for Indigenous Australians involved with the criminal justice system. Other types of programs can indirectly improve mental health and wellbeing through, for example, an improved housing situation, skills training and removal from family violence. These programs rarely focus on mental health and suicide prevention outcomes. These types of outcomes are often not measured in the Indigenous criminal justice program evaluations, particularly for prisoners leaving prison (Abbott et al. 2018).

Programs such as the Yiriman Youth Project typically have broad objectives and outcomes, such as reducing criminal behaviour, improving community building, and preventing suicide. These objectives can change according to the organisation or funding body referring to the program. For evaluations, there can be confusion as to what constitutes success for the program. Many studies do not incorporate evaluation into the initial funding request (Palmer 2013). It is essential that resourcing for evaluation is designed at the program inception phase (Palmer 2013).

Establishing whether a program has improved mental health and suicide outcomes can be difficult to determine. This is because the effects of programs on these outcomes generally occur over the long term, and through processes that are complex and non-linear (Abbott et al. 2018). As a result, evaluating the results of programs and interventions at one point in time provides only a snapshot of the effects. Research that evaluates mental health outcomes over time would further provide a stronger evidence base (Abbott et al. 2018; Perdacher et al. 2019).



Mental health data quality

The prevalence of mental disorders among Indigenous prisoners, as provided through the NPHDC and state-based studies, are likely to be an underestimate. This is due to mental health being often under-diagnosed (McCausland et al. 2017), available samples and data sources not being representative of the overall prison population (AIHW 2019), and Indigenous status often being under-recorded. The resulting numbers are low, and this negatively affects the robustness of estimates (AIHW 2010).

National and state-based data on the mental health of prisoners often report Indigenous status and gender, but disaggregation by Indigenous status and gender together is often not released due to small sample sizes. This presents challenges when seeking to focus efforts on a population subgroup, for example Indigenous women. Numbers that are not representative or unknown could result in insufficient evidence to justify policy change. Importantly, and directly relevant to this issue, the improvement of mental health prevalence data has been identified as a priority action for information development through the *Fifth National Mental Health and Suicide Prevention Plan* (COAG 2017).

Culturally validated tools

The concept of the individual's social and emotional status as being separate to the family is not consistent with the Indigenous Australian conceptualisation of health and wellbeing (Gee et al. 2014; Heffernan et al. 2014). Despite this, the mental health of Indigenous Australians in the criminal justice system has often been assessed using tools and approaches that consider neither the individual experiences of the person nor the holistic concept of social and emotional wellbeing (Heffernan et al. 2014). Measures of mental health outcomes and the cultural appropriateness of how this information is collected can improve the accuracy of findings (Abbott et al. 2018).

Researchers including Heffernan et al. (2012) have incorporated knowledge from consultation with Indigenous mental health experts in order to administer survey tools in a more appropriate and culturally relevant way. The Composite International Diagnostic Interview was chosen based on Indigenous mental health expert consultation and its use with previous studies on Indigenous prisoner populations. In order to prevent the misinterpretation of culturally congruent experiences as psychotic experiences, the Indigenous Australian researcher team adopted a multi-step process incorporating face-to-face interviews. This approach can increase levels of participation from research participants, which will support efforts to understand and improve Indigenous mental health and suicide outcomes (Heffernan et al. 2012).



6



Conclusions

6 Conclusions

Indigenous Australians who are involved with the criminal justice system experience poorer outcomes than Indigenous Australians outside the justice system and non-Indigenous people in the justice system. This disadvantage extends to wellbeing, mental health and suicide and key factors that shape these outcomes (Baldry et al. 2012; Baldry et al. 2015; Heffernan et al. 2014). This is acknowledged, for example, in the National Framework (PM&C 2017) and the NILJF 2009–2015 (SCAG 2009).

Programs such as Yiriman Youth Project (on-Country program), Babiin-Miyagang (parenting program), and Indigenous sentencing courts (court sentencing procedure) described in this report have resulted in positive outcomes for Indigenous people, their families and communities. However, mental health outcomes from other programs are unknown. Including mental health and suicide measures as part of program evaluation will improve our ability to measure the effectiveness of programs (PM&C 2017).

Only a few programs focus on wellbeing outcomes. Most of the programs covered in this report tend to have a broad focus, such as building social relationships, maintaining connection to cultural identity or teaching parenting skills. These type of programs could potentially improve the mental health of participants. For example, success in reducing Indigenous peoples' contact with the justice system comes from the use of culturally immersive programs that engage young people and are designed and delivered by Indigenous community members (Bennett 2016; Palmer 2013).

So individuals get the support they need when they need it, mental health conditions must be identified in a timely manner and interventions must be tailored to the individual's circumstances. Timely identification of mental health conditions and provision of referrals to appropriate services can improve wellbeing at all stages of contact with the justice system (CIRCA 2013; Sivak & Cantley 2017). Tailoring mental health and suicide discussions to the individual and their community can help identify suicidal behaviour and change it.

Finally, programs for Indigenous Australians must enable their self-determination. Evidence shows that this produces a greater understanding of criminal behaviour by offenders, improved community engagement, and positive wellbeing outcomes (Bennett 2016; CIRCA 2013; PM&C 2017).



Appendixes

Appendix A: Policies and frameworks

Table A1: Description and key recommendations of policies and frameworks

Name	Detail	Key recommendations	Implementation
<p>Royal Commission into Aboriginal Deaths in Custody (1987–1991)</p>	<p>The Royal Commission was established in response to growing public concern over deaths of Indigenous people in custody. It inquired into 96 Indigenous deaths in custody that occurred between 1980 and 1989, including any action subsequently taken in respect of each of those deaths and the conduct of coronial, police and other inquiries.</p> <p>The final report made 339 recommendations concerning procedures for persons in custody as well as social factors including youth policy, alcohol, health, employment, housing, land rights, self-determination and reconciliation.</p> <p>The 1991 report highlighted the mental health of offenders and the over-criminalisation of Indigenous Australians as key factors relating to suicides and other deaths in custody (RCIADIC 1991).</p>	<ul style="list-style-type: none"> • Devise strategies designed to reduce the rate at which Aboriginal juveniles are involved in the welfare and criminal justice systems (Rec 62) • Use imprisonment as last resort (Rec 92) • Establish system of liaison between Police Departments and Aboriginal Health Services (Rec 127e) • Provide cross-cultural health training for police, prison officers and medical staff (Rec 177) • Design or adapt health services where high concentrations of Aboriginal people are found, and involve them in the processes (Rec 253) • Expand Aboriginal mental health services and involve Indigenous people in the new national mental health policy (Rec 264) 	<p>The Commonwealth has</p> <ul style="list-style-type: none"> • provided legal representation and interpretation services for Indigenous people • reinforced the principle of imprisonment as a last resort through AFP training and procedures • released the AFP National Guideline and revised procedures • developed policies, which accommodate the needs of Indigenous communities, such as Closing the Gap • improved engagement with Indigenous communities in service design and delivery • prioritised education and training initiatives • implemented mental health programs <p>In relation to health, the following actions are required to fully address the recommendations:</p> <ul style="list-style-type: none"> • a more thorough evaluation of Aboriginal Community Controlled Health Organisations (ACCHOs); • specific funding for the training of Indigenous mental health workers

Table A1 (continued): Description and key recommendations of policies and frameworks

Name	Detail	Key recommendations	Implementation
<p>National Indigenous Law and Justice Framework 2009-2015 (NILJF)</p>	<p>The NILJF was developed by the Standing Committee of Attorneys-General (SCAG) as a national approach to address issues relating to Indigenous Australians in contact with the criminal justice system.</p> <p>The NILJF drew on existing Aboriginal Justice Agreements and available evidence to outline a framework of good practice approaches for government agencies and service providers to respond to Indigenous justice matters (SCAG 2009).</p> <p>This framework has not been replaced.</p>	<p>Strategy 2.3.3: Ensure that all levels of the justice system respond effectively to the mental health needs of Indigenous peoples. Recommended actions include:</p> <ul style="list-style-type: none"> • Implementing specialised training for police to better identify mental health conditions • Developing appropriate police referral pathways for those with mental health conditions • Promoting culturally appropriate court-based mental health initiatives and increase use of court diversionary options • Developing culturally appropriate programs post-release 	<p>The degree of implementation depends upon the policy priorities and resource capacity of each jurisdiction.</p> <p>Several states have implemented multidisciplinary teams consisting of police and mental health specialists to collaboratively respond to mental health crisis situations, but these initiatives have not been thoroughly evaluated in terms of mental health outcomes (Herrington & Pope 2014; Robertson et al. 2019).</p> <p>Nationally, Indigenous young people are less likely to receive a caution or be diverted from the justice system as non-Indigenous young people (Productivity Commission 2020). There are fewer diversions generally, despite state and territory level legislation emphasising the use of diversionary options for young people in the criminal justice system (Productivity Commission 2020).</p>

(continued)

Table A1 (continued): Description and key recommendations of policies and frameworks

Name	Detail	Key recommendations	Implementation
<p>Royal Commission into the Detention and Protection of Children in the Northern Territory (2017)</p>	<p>The RCIPDC was established to inquire into the treatment of children detained in detention facilities and child protection in the Northern Territory.</p> <p>The RCIPDC revealed accounts of abuse against children in youth detention (RCIDPC 2017).</p> <p>The Final Report contains 147 findings and makes 227 recommendations, outlining a long-term reform agenda to the Northern Territory's child protection and youth justice systems.</p>	<p>Recommendations include:</p> <ul style="list-style-type: none"> The use of force be a last resort and proportionate in the circumstances, and take into account the detainee's background, age, physical and mental circumstances (13.05) Developing a mental health plan and ongoing counselling for each detainee during and after release, if mental health issues are identified (15.01) The selection criteria for a youth justice officer be amended to include demonstrated experience working with vulnerable young people including an understanding of child and adolescent development, issues with drug use, poverty, cultural identity, mental health and disability (20.01) 	<p>The Northern Territory government's responses are outlined in the framework Safe, Thriving and Connected: Generational change for children and their families 2018–2023.</p> <p>The Northern Territory introduced amendments to the Youth Justice Act to the Legislative Assembly on 21 March 2018. These amendments give effect to the Royal Commission recommendations regarding use of force, restraints and other mechanisms relevant to youth in detention (13.05).</p> <p>The NT Government aims to implement appropriate assessments and regular medical checks for physical and mental health, behaviour and disability (15.01).</p> <p>The NT Government's investment in the Youth Justice Reforms is supporting the Australian Childhood Foundation, in partnership with Territory Families, to design a course which will provide the foundation skills and knowledge required to complete Certificate IV for Youth Justice Officers. From July 2018, it was a requirement for youth justice staff to upgrade to the Certificate IV qualification (20.01).</p>

Table A1 (continued): Description and key recommendations of policies and frameworks

Name	Detail	Key recommendations	Implementation
<p>National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-23</p>	<p>The National Framework aims to guide Indigenous mental health and wellbeing reform by recommending actions in response to the high incidence of mental health and wellbeing problems among Indigenous Australians.</p> <p>Published by the Department of Prime Minister and Cabinet, the National Framework was designed to complement the Fifth National Mental Health and Suicide Prevention Plan and contribute to the vision of the National Aboriginal and Torres Strait Islander Health Plan 2012-2023.</p>	<p>Outcome 3.2: Equality of mental health outcomes is achieved across the Indigenous population</p> <p>Key strategies</p> <ul style="list-style-type: none"> • Foster partnerships between Aboriginal Community Controlled Health Services and prison health services to meet the mental health needs of prisoners • Support prisoners post-release, when the risk of recidivism, drug and alcohol misuse and suicide is high. 	<p>Implementation must occur in partnership with Indigenous mental health and related area leadership bodies.</p> <p>Indicators should draw on Indigenous understandings of how to measure mental health and social and emotional wellbeing as well as general population measures including those from the Mental Health Management Performance Framework used to measure the performance of the mental health system.</p>
<p>Guiding Principles for Corrections in Australia (2018)</p>	<p>The Australia Government through the Corrective Services Administrator's Council published The Guiding Principles for Corrections in Australia (the Principles) in 2018.</p> <p>The Principles represent a national intent around which each Australian state and territory will develop its practices, policies, and performance standards.</p> <p>The Principles contribute to the achievement of outcomes and are strategic statements rather than procedural instructions. They are intended to reflect social expectations of Australian correctional services and are aligned to recognise international best practice</p>	<p>The Guiding Principles specify that:</p> <ul style="list-style-type: none"> • The use of force and restraints are intended to be used as a last resort with minimum force necessary used to manage the situation (3.1.15). • Prisoners are provided a standard of health care equal to services available in the community that meet their individual physical health, mental health and social care needs, fostering continuity of care between custody and the community (4.1.4) • Prisoner placement promotes individual rehabilitation and supports wellbeing. Where practicable, prisoners are placed in a location proximate to their family and community with particular consideration given to the needs of Indigenous prisoners (4.1.5). 	<p>No information currently available.</p> <p>Operational performance (qualitative and quantitative) is monitored and reported against established standards and policy within a continuous improvement framework.</p> <p>On 21 December 2017, Australia ratified OPCAT (Optional Protocol to the Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment) with a declaration to delay full implementation of its obligations for three years.</p>

(continued)

Table A1 (continued): Description and key recommendations of policies and frameworks

Name	Detail	Key recommendations	Implementation
<p>Pathways to Justice— Inquiry into the Incarceration Rate of Aboriginal and Torres Strait Islander Peoples 2017 (ALRC Report 133)</p>	<p>In 2017, the Australian Law Reform Commission (ALRC) developed a range of law reform recommendations that could help reduce Indigenous Australians' contact with the criminal justice system. Their Pathways to justice report recognises the role of mental health, wellbeing and social factors on the cycle of incarceration experienced by Indigenous Australians (ALRC 2018).</p>	<p>Recommendations include:</p> <ul style="list-style-type: none"> • Review police procedures and practices so that the law is enforced fairly, equally and without discrimination (14-1) • Develop an independent justice reinvestment body to promote community-led, place-based initiatives that address the drivers of crime and incarceration (4-1) • Sentencing courts should take into account unique systemic and background factors affecting Indigenous Australians (6-1) • Establish and promote the use of specialist Indigenous sentencing courts that are culturally competent (10-2) 	<p>Progress against its recommendations (ALRC 2021):</p> <ul style="list-style-type: none"> • Fines, Penalties and Infringement Notices Enforcement Amendment Bill 2019 (WA); • Police Force Amendment Regulations 2019 (WA); • Closing the Gap Targets; • Northern Territory Draft Aboriginal Justice Agreement
<p>UNICEF Australia: The Children's Report 2018</p>	<p>The Australian Government signed on to the <i>Convention on the Rights of the Child</i> 1989 in 1990. Almost 30 years later, it is still the case that many children in Australia are exposed to harm or are unable to access the support and assistance they need to develop to their full potential and have a fair chance in life.</p> <p>UNICEF Australia leads a group of over 100 child-focused organisations and experts, called the Australian Child Rights Taskforce (The Taskforce).</p> <p>Every five or six years, the Taskforce reports to the United Nations Committee on the Rights of the Child (UN Committee) about Australia's progress in improving lives and outcomes for our children and young people, and the areas where we need to do better. This is The Children's Report.</p> <p>The Taskforce also makes practical and timely recommendations to the Australian Government about how to improve the protection of child rights in Australia.</p>	<p>Recommendations include:</p> <ul style="list-style-type: none"> • Ensure that all children have complete health and wellbeing assessments upon entry into the youth justice or child protection systems (66) • Ensure the availability of diagnosis and support services for children with suspected or actual cognitive and/or mental health impairments early in life (70) • Prevent the criminalisation of children between ten and 13 years of age by raising the minimum age of criminal responsibility in all Australian jurisdictions to at least 14 years (1 18) • Ensure transparent and proportionate policing methods, including safeguards that are consistent with the Children's Convention (131) 	<p>Australian state and territory governments are predominantly responsible for many of the activities that give effect to the Children's Convention. This can present challenges to developing a national picture and consistent responses that have national significance, such as reforms to youth justice and the child protection system (Irani et al. 2018).</p>

Table A1 (continued): Description and key recommendations of policies and frameworks

Name	Detail	Key recommendations	Implementation
National Agreement on Closing the Gap 2020	<p>Developed in genuine partnership between Australian Governments and Indigenous peak organisations.</p> <p>The objective is to enable Indigenous people and governments to work together to overcome the inequality experienced by Indigenous people, and achieve life outcomes equal to all Australians.</p> <p>The National Agreement has 16 targets across the following outcome areas: education, employment, health and wellbeing, justice, safety, housing, land and waters, and languages.</p>	<p>Target 10: By 2031, reduce the rate of Indigenous adults held in incarceration by at least 15 per cent.</p> <p>Target 11: By 2031, reduce the rate of Indigenous young people (10-17 years) in detention by at least 30 per cent.</p> <p>The National Agreement acknowledges a number of drivers of incarceration, including:</p> <ul style="list-style-type: none"> • proportion charged by police • proportion convicted and sentenced • mental health • substance abuse issues • family history of incarceration • employment post release • history of victimisation. 	<p>Each party to the National Agreement will</p> <ul style="list-style-type: none"> • develop their own implementation plan within 12 months of the Agreement coming into effect, • report annually on their actions to achieve the outcomes of the Agreement. <p>Implementation plans will be developed and delivered in partnership with Indigenous communities and organisations.</p> <p>The Joint Council will review implementation plans and may provide advice on how the parties can better work together to achieve shared outcomes. This includes where progress against the priority reforms and targets is not on track.</p>
Balit Murrup: Aboriginal social and emotional wellbeing framework for Victoria (2017–2027)	<p>Balit Murrup means ‘strong spirit’ in the Woi-wurrung language. It recognises that to reduce the growing mental health gap, we need new and different solutions to address what has been described as entrenched mental health crises.</p> <p>Balit Murrup’s objective is to reduce the health gap attributed to suicide, mental illness and psychological distress between Aboriginal Victorians and the general population.</p> <p>The development of Balit Murrup: Aboriginal social and emotional wellbeing framework is a key commitment under Victoria’s 10-year mental health plan. It is also a companion document to Korin Korin Balit-Djak: Aboriginal Health, Wellbeing and Safety Strategic Plan 2017–2027.</p>	<p>Key recommendations:</p> <ul style="list-style-type: none"> • Support the implementation of the Forensic mental health improvement plan to address the over-representation of people with a mental illness in the criminal justice system with a focus on preventing reoffending in the first place. • Create an Aboriginal Coordinator’s position to ensure culturally safe partnerships with Aboriginal community-controlled organisations and culturally responsive mental health interventions for Aboriginal offenders on a Mental Health Treatment and Rehabilitation Condition 	<p>The Victorian Government has committed \$83 million to implement priority initiatives as part of the Forensic mental health implementation plan, under Victoria’s 10-year mental health plan. The Forensic mental health implementation plan is a framework to reform Victoria’s forensic mental health system over the next ten years and delivers on the commitment to address the over-representation of people with a mental illness in Victoria’s criminal justice system, including Indigenous people.</p>

(continued)

Appendix B: Programs

Table B1: Program descriptions, methods and evaluations

Program	Program details		Evaluation	Evaluation details		Evaluation outcomes
<i>Early intervention</i>						
The Yiriman Youth Project On-Country, cultural immersion program aimed at improving connection to culture, wellbeing, and reducing contact with the criminal justice system	Location (s)	West Kimberley (WA) and nearby bush locations	Yiriman project evaluation <i>'We know they healthy cos they on country with old people': demonstrating the value of the Yiriman project</i> (Palmer 2013) Objective: establishing the program's efficacy Evaluation method: <ul style="list-style-type: none"> explore multiple goals of various stakeholders consider explanations and views of a range of stakeholders use multiple methods of data collection compare varying conclusions from different stakeholders and intelligence emerging from the multiple methods of data collection. 	Location (s)	Fitzroy Valley (WA) and nearby bush locations	Results indicated that: <ul style="list-style-type: none"> the program intercepted the trajectory of young people's offending caseworkers created safe environments and approached difficult conversations about mental health and suicide with individuals. Participants successfully engaged in these discussions many participants received additional health and social support.
	Participants	Indigenous young people aged 15-25 More than 1,500 participants since the year 2000		Participants	n/p	
	Duration	2000-present Trips range from several days to several weeks		Duration	2010-2013	
	Indigenous specific	Yes		Indigenous specific	Yes	
	Focus	Social and emotional wellbeing		Focus	Investigating how staff worked and how trips were organised	

Table B1 (continued): Program descriptions, methods and evaluation

Program	Program details			Evaluation	Evaluation details			Evaluation outcomes
Balunu Indigenous Youth Healing Program A cultural immersion program for young Indigenous Australians aged 11–17 to engage youth with their culture, community, educational services, reduce criminal behaviour, and build resilience	Location (s)	Darwin (NT) and nearby bush settings	Balunu program evaluation <i>Case Study of the Balunu Indigenous Youth Healing Program</i> (Blignault et al. 2013)	Location (s)	Darwin (NT) and nearby bush settings	Results indicated: <ul style="list-style-type: none"> • an increased sense of identity and self-esteem • participants felt comfortable to self-reflect and share their experiences • rapport was built between participants and staff through exchanging stories and sharing similar life experiences. 		
	Participants	Indigenous young people aged 11–17 Count not published	Objective: investigating how the program influences social and emotional wellbeing	Participants	n = 141			
	Duration	2006–present Bush trips last 1 week	Evaluation method: evaluators observed staff and participant behaviour on bush trips and interviewed participants	Duration	2010–2013			
	Indigenous specific	Yes		Indigenous specific	Yes			
	Focus	Maintaining connections with culture and community		Focus	Program development, operation, sustainability			
Youth on Track A voluntary, early intervention program for all young people aged 10–17 who have had formal contact with the criminal justice system Aims to reduce criminal behaviour	Location (s)	NSW multiple sites	Youth on Track evaluation <i>Youth on Track Evaluation Social Outcomes</i> (CIRCA 2017)	Location (s)	NSW	Qualitative evidence showed that: <ul style="list-style-type: none"> • participants felt stronger connections with their family and community • caseworkers encouraged, organised and financed engagement in pro-social activities including sports, music and gym. • Satisfaction survey results showed that: <ul style="list-style-type: none"> • participants were positive about the experience and would recommend it to others. 		
	Participants (including count)	Australian young people aged 10–17 Count not published	Objectives: determining whether Youth on Track is appropriate for Indigenous young people	Participants (including count)	n = 18 participants, 3 identified as Indigenous			
	Duration	Not published (n/p)	Evaluation method: interviews with stakeholders, staff and participants	Duration	2015–2016			
	Indigenous specific	No		Indigenous specific	No, Indigenous focused			
	Focus	Reduce contact with the criminal justice system by referring young people to services		Focus	Investigating cultural appropriateness of a mainstream program			

(continued)

Table B1 (continued): Program descriptions, methods and evaluation

Program	Program details	Evaluation	Evaluation details	Evaluation outcomes
<i>Court processing</i>				
Mental Health Courts Alternative sentencing courts where the interdisciplinary court team work with mental health professionals to address the underlying causes of criminal behaviour by addressing mental health conditions appropriately	Location (s)	SA, Tasmania, WA, Victoria	No evaluation available ¹	n/p
	Participants	Offenders with mental health conditions who require criminal sentencing Count not published		n/p
	Duration	1999–present		n/p
	Indigenous specific	No		n/p
	Focus	Referring offenders to appropriate mental health treatment services, rather than solely using punitive measures		n/p
Indigenous sentencing courts Alternative courts that involve the Indigenous community in the sentencing process in a culturally appropriate setting Also known as Koori Courts, Nunga Courts, Murri Courts, circle courts or community courts	Location (s)	SA, WA, NT, ACT, Queensland, Victoria	No evaluation available ¹	n/p
	Participants (including count)	Indigenous adults and children who require criminal sentencing Count not published		n/p
	Duration	1999–present		n/p
	Indigenous specific	Yes		n/p
	Focus	Culturally appropriate sentencing and community development		n/p

Table B1 (continued): Program descriptions, methods and evaluation

Program	Program details		Evaluation	Evaluation details		Evaluation outcomes
<i>During custody</i>						
The Family Wellbeing program Designed for adults, families and children in a range of settings aimed to improve cultural connection and social and emotional wellbeing	Location (s)	National	The Family Wellbeing program evaluation <i>Connecting and strengthening young Aboriginal men: A Family Wellbeing pilot study</i> (Whiteside et al. 2016)	Location (s)	NSW	Reductions in psychological distress from completing the program: • 75% of participants reported improvement in managing relationships • 65% reported improvement in dealing with emotions • 55% reported improvement in ability to cope with emotions • 55% reported improvement in ability to deal with issues positively.
	Participants	Adults, families, children Count not published	Objectives: to determine improvements in social and emotional wellbeing in participants	Participants (including count)	Indigenous males under 25 years n = 30	
	Duration	1993–present Program runs for 10 weeks	Evaluation method: evaluators administered a survey that included a psychological distress assessment tool before and after program participation	Duration	2016	
	Indigenous specific	Yes		Indigenous specific	Yes	
	Focus	Teaching skills for participants to gain control over their lives and sustain healthy lifestyles		Focus	Psychological distress and relationships with others	
Mothering at a Distance Run in correctional facilities for mothers in custody to maintain relationships with their children in the community	Location (s)	NSW	Program evaluation <i>Breaking the cycle for incarcerated parents: towards pro-social parenting</i> (Rossiter et al. 2016)	Location (s)	NSW	Participants reported: • the importance of spending time with other mothers and learning about communicating with their children • valuing being able to create and send gifts to their children.
	Participants	Mothers in custody Count not published	Objectives: to explore any improvements in social outcomes for participants, and level of engagement	Participants	Mothers in custody n = 24, 13 Indigenous	
	Duration	2006–present	Evaluation method: evaluators administered a survey to participants	Duration	2011–2014	
	Indigenous specific	No		Indigenous specific	No	
	Focus	Maintain a positive relationship with their children in order to reduce any trauma caused by separation during incarceration, and protect against mental ill health		Focus	Exploring program engagement among those in custody	

(continued)

Table B1 (continued): Program descriptions, methods and evaluation

Program	Program details	Evaluation	Evaluation details	Evaluation outcomes	
<p>Dthina Yuwali An alcohol and other drugs program for Indigenous young people currently in youth detention or outside custody</p> <p>The program is delivered in a group setting where participants engage in cultural and educational activities</p>	<p>NSW in custody or in community</p>	<p>Dthina Yuwali evaluation <i>Evaluation of Indigenous Justice Programs</i> (CIRCA 2013)</p> <p>Objective: to determine improvements in social and emotional wellbeing and reduced criminal behaviour</p> <p>Evaluation method: Interviews with participants, staff, stakeholders, justice workers and Elders</p>	NSW	<p>Program evaluation showed the following:</p> <ul style="list-style-type: none"> • Participants showed increased motivation to reduce substance use and to stop offending. • Participants reported higher social connectedness motivation to change their lives. • Engaging in cultural activities and learning about identity was seen as valuable. • Survey results show that most (87%, 69) participants found the program helpful. 	
	<p>Participants</p>		<p>Participants</p>		<p>Indigenous young people n = 79</p>
	<p>Duration</p>		<p>Duration</p>		<p>2011</p>
	<p>Indigenous specific</p>		<p>Indigenous specific</p>		<p>Yes</p>
	<p>Focus</p>		<p>Focus</p>	<p>Investigating the opinions of staff and participants on the program</p>	

Table B1 (continued): Program descriptions, methods and evaluation

Program	Program details	Evaluation	Evaluation details	Evaluation outcomes
<p>Red Dust Healing</p> <p>An Indigenous-led cultural healing program aimed at Indigenous men, women and families</p> <p>The program has been implemented at juvenile detention centres, adult prisons as well as in the community and schools</p>	Location (s)	Australia, New Zealand	Location (s)	WA
	Participants	Indigenous people More than 15,000 participants since 2007	Participants	Indigenous adults n = 42
	Duration	2007–present	Duration	2018
	Indigenous specific	Yes	Indigenous specific	Yes
	Focus	Addresses issues including mental health, suicide prevention, family violence, grief and substance abuse	Focus	To describe the program and explore benefits of the program
		Red Dust Healing evaluation <i>Red Dust Healing Program Evaluation</i> (Thompson 2018) Objective: to explore improvements in social and emotional wellbeing among participants Evaluation method: interviews with participants		<p>Participants showed:</p> <ul style="list-style-type: none"> increased ability to express emotions improved capacity to deal with grief greater self-awareness improved ability to make better decisions increased skills in family-related conflict resolution a stronger connection to culture and spiritual identity. <p>Most of the participants who took part in the interview indicated that they continue to use the training learned from the program in their lives.</p>

(continued)

Table B1 (continued): Program descriptions, methods and evaluation

Program	Program details	Evaluation	Evaluation details	Evaluation outcomes
Indigenous Mental Health Intervention Program (IMHIP) An Indigenous-led, social and emotional wellbeing service that provides: <ul style="list-style-type: none"> • care during custody to identify mental health conditions • transitional support before leaving prison 	Location (s)	Queensland	Location (s)	n/p
	Participants (including count)	Currently being delivered to female prisoners in Brisbane Count not published	Participants (including count)	n/p
	Duration	2018–present	Duration	n/p
	Indigenous specific	Yes	Indigenous specific	n/p
	Focus	To improve mental health outcomes by viewing health holistically and implementing culturally appropriate methods	Focus	n/p
No evaluation currently available				
<i>Post-release</i>				
Changing Habits and Reaching Targets (CHART) A cognitive behavioural therapy program delivered by caseworkers to reduce re-offending of young people after their release from custody	Location (s)	ACT, SA, NSW, Victoria, Queensland, Tasmania	Location (s)	n/p
	Participants	Young people recently released from custody Count not published	Participants	n/p
	Duration	16–32 weeks to complete	Duration	n/p
	Indigenous specific	No	Indigenous specific	n/p
	Focus	Targeting causes of offending behaviour to reducing re-offending	Focus	n/p
No evaluation available				

Table B1 (continued): Program descriptions, methods and evaluation

Program	Program details		Evaluation	Evaluation details		Evaluation outcomes
<p>The Program for Adolescent Life Management (PALM)</p> <p>A residential treatment service for drug and alcohol rehabilitation</p> <p>Entrants are screened for mental health conditions and suicide risk, and receive individualised treatment plans, structured treatment, which included living skills training, creative group work, individual therapy and recreation activities</p> <p>Participants have had recent contact with the criminal justice system and experience mental health conditions</p>	Location (s)	Sydney, NSW	<p>PALM evaluation <i>Predictors of retention, and client perceptions of treatment satisfaction and outcomes, among young people presenting residential drug and alcohol treatment with alcohol as a primary or secondary substance of concern</i> (Howard & Arcuri 2005)</p> <p>Objective: to determine improvements in social, mental health and criminal behaviour outcomes</p> <p>Evaluation method: evaluators administered a survey before and after program participation</p>	Location (s)	Sydney, NSW	<p>Self-reported data showed positive outcomes for mental health, criminal behaviour and substance use.</p> <p>However, for Indigenous participants, social or family functioning did not improve, while these outcomes did improve for non-Indigenous participants.</p>
	Participants	Young people aged 13–17 Count not published		Participants	n = 289 23% Indigenous	
	Duration	2000–present		Duration	2001–2005	
	Indigenous specific	No		Indigenous specific	No	
	Focus	Reducing substance use and improving mental health outcomes		Focus	To determine improvements in program design or delivery	

(continued)

Table B1 (continued): Program descriptions, methods and evaluation

Program	Program details		Evaluation	Evaluation details		Evaluation outcomes
Babiin-Miyagang A parenting program for Indigenous male parents and caregivers who have had contact with criminal justice system Participants learn about cultural heritage, tradition and understanding the effects of colonisation	Location (s)	NSW	<i>Babiin-Miyagang program evaluation Breaking the cycle for incarcerated parents: towards pro-social parenting</i> (Rossiter et al. 2016) Objective: to explore any improvements in social outcomes for participants, and level of engagement Evaluation method: interviews with participants	Location (s)	NSW	Participants reported: <ul style="list-style-type: none"> learning how to manage feelings of shame associated with their time in custody feeling connected to their children after being shown how their actions could affect the child renewed motivations to become 'a better father' feelings of hope for the future and the reassessment of priorities that learning within a community with other fathers in the cultural community was valuable.
	Participants	Indigenous male parents Count not published		Participants	Indigenous fathers n = 28	
	Duration	n/p		Duration	2011–2014	
	Indigenous specific	Yes		Indigenous specific	Yes	
	Focus	Strengthening skills in parenting, leadership and communication to improve the social and emotional wellbeing of the family	Focus	Exploring program engagement among those in custody		

1 No evaluation evidence identified in the public domain on outcomes specific to mental health, suicide or key mental health and suicide protective factors
 n/p: not published



Appendix C: Methods

Search strategy

The database Google Scholar and search engine Google were used to find programs and evaluations that aimed to improve the mental health and suicide outcomes of Indigenous Australians in contact with the criminal justice system. Programs were also sourced through references of sources describing policy or research on the topic. The key terms used are below.

Key terms

- Indigenous, Aboriginal, Torres Strait, First Nations
- Australians
- Mental health, suicide, suicidal, psychological, psychiatry, social and emotional wellbeing
- Criminal, justice, criminal justice system, prisoner, inmate, offender, youth detention, juvenile detention, supervision, young people, desistance, recidivism

Inclusion criteria

Programs that met the criteria below were included:

1. The program targeted Indigenous Australians.
2. The program explicitly included people who were at risk of/ were in contact with/ had been in contact with the criminal justice system as an offender.
3. The program aimed to address mental health, suicide or social and emotional wellbeing outcomes.
4. Evaluation evidence of the program was published and available.
5. The program was currently running or had been recently run (as of 2020).

Programs that did not fit all criteria were included if:

- program participants were all Australians in contact with the criminal justice system but Indigenous Australians made up a proportion of these participants
- the program only addressed reducing criminal behaviour as an outcome (rather than mental health or suicide) but used psychological approaches and is widespread
- evaluation evidence was not available but the program aimed to address mental health or suicide outcomes
- evaluation evidence was not available but the program targeted Indigenous Australians in contact with the criminal justice system, and knowledge of the program was widespread.



Included programs

The following programs met all the criteria

- Yiriman Youth Project
- Balunu Indigenous Youth Healing Program
- Family wellbeing program
- Dthina Yuwali
- Red Dust Healing
- Babiin-Miyagang.

The following program participants were all Australians in contact with the criminal justice system and Indigenous Australians made up a proportion of these participants:

- Youth on Track
- Mothering at a Distance
- PALM residential treatment.

The following program only addressed reducing criminal behaviour as an outcome (rather than mental health or suicide) but used psychological approaches and is widespread:

- Changing Habits and Reaching Targets

Evaluation evidence was not available but the following programs aimed to address mental health or suicide outcomes:

- Mental health courts
- Indigenous-sentencing courts
- Indigenous Mental Health Intervention Program

Evaluation evidence was not available but the program targeted Indigenous Australians in contact with the criminal justice system, and knowledge of the program was widespread:

- RESET program.



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Abbreviations


ABS	Australian Bureau of Statistics
ACCHO	Aboriginal and Torres Strait Islander Community Controlled Health Organisation
ACT	Australian Capital Territory
AIC	Australian Institute of Criminology
AIHW	Australian Institute of Health and Welfare
ALRC	Australian Law Reform Commission
BOCSAR	Bureau of Crime Statistics and Research
CHART	Changing Habits and Reaching Targets
CIRCA	Cultural & Indigenous Research Centre Australia
FASD	Fetal alcohol spectrum disorder
Guiding Principles	Guiding principles for corrections in Australia
IMHIP	Indigenous Mental Health Intervention Program
LORE	Land, Origin, Respect, Elders
National Framework	National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023
NILJF	National Indigenous Law and Justice Framework
NMDS	National Minimum Dataset
NPHDC	National Prisoner Health Data Collection
NSW	New South Wales
NT	Northern Territory
PALM	Program for Adolescent Life Management
RCIADIC	Royal Commission into Aboriginal Deaths in Custody
RCIPDC	Royal Commission into the Protection and Detention of Children in the Northern Territory 2017
SA	South Australia
SCAG	Standing Committee of Attorneys-General
WA	Western Australia

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Culturally relevant programs are successful at engaging Aboriginal and Torres Strait Islander people in contact with the criminal justice system. This publication explores the characteristics of preventive programs and those that are successful at engaging Indigenous Australians. Adopting an Indigenous perspective of health and wellbeing is essential for improving mental health outcomes.



Stronger evidence,
better decisions,
improved health and welfare

