TheMHS Conference address:

Who am I? Jim Coombs, Magistrate 7 years. Previously barrister for 17 years.

First visited gaols (debating coach) in 1960s. Ombudsman investigator of notorious OBS Section at Long Bay in 1980-81. Visited Gaols as barrister.

As a magistrate have to consider applications under S.32 of the mental health (criminal procedure) act. For the last 15 months have been conducting mental health inquiries under S.34 of the Mental Health Act.

The Statistics:

70% of the 10,000 people (i.e. 7,000) in NSW gaols have a known mental illness. 9% (i.e. 900) are actively psychotic on admission to gaol. It costs $90,000 per annum to keep a person in gaol. The rate of incarceration is high by world standards and has increased over the years.

Gaols in NSW do not provide sufficient treatment for the large number of mentally ill people in gaol. The recently opened facility at Long Bay has a capacity of 300. So what becomes of the remaining 600?

Mental Health Services

For the rich psychoanalysis is available. For the well-to-do some psychological counselling or behaviour therapy can be accessed. For the majority of treated patients treatment with drugs is the only option.

The present mental health services are based on high dependency treatment units and “community mental health services”.

Crisis Management

Where a person has a psychotic episode, the police may bring them into a hospital under s.22, or they may be “scheduled” under S.19. What does the magistrate see under the requirements of S.27 and S.34? The people are all in need of help and almost invariably they remain involuntary for at least the 14 day adjournment period and up to three months on an order.

The worrying part is that the majority of patients presented in this way are ***repeat*** cases, “known history of schizophrenia/bipolar affective disorder”. I often ask why **longer** orders are not sought if there is a history of continuing relapse.

The aim of any policy that is to be effective must be to reduce the number of repeats and incarceration of these people. The problem that a magistrate faces is that any order available to her or him does not achieve that. The longest in-patient order is three months – usually insufficient to achieve compliance with a regime of medication. The Community Treatment Order – up to 12 months – only provides supervision at best of once every three weeks. Given that failing to stay on

medication for two or three days can lead to a psychotic episode, to be dealt with again by the hospital, or worse, by the Police and the Courts. These fill the high dependency hospital psychiatric units with patients who need to be moved on, so inadequate treatment is given, or they go to gaol because the problem has not become apparent to police, lawyers or judicial officers because of the heavy workloads in the courts, and the lack of training in recognizing the need for diversion on the run.

My solution:

Magistrates should be given the power to make orders of up to two years which require the patient to live at institutions where a qualified person can supervise medication on a daily basis and detect any relapse before it becomes a hospital crisis or criminal matter.

TheMHS Conference address:

Who am I? Jim Coombs, Magistrate 7 years. Previously barrister for 17 years.

First visited gaols (debating coach) in 1960s. Ombudsman investigator of notorious OBS Section at Long Bay in 1980-81. Visited Gaols as barrister.

As a magistrate have to consider applications under S.32 of the mental health (criminal procedure) act. For the last 15 months have been conducting mental health inquiries under S.34 of the Mental Health Act.

The Statistics:

70% of the 10,000 people (i.e. 7,000) in NSW gaols have a known mental illness. 9% (i.e. 900) are actively psychotic on admission to gaol. It costs $90,000 per annum to keep a person in gaol. The rate of incarceration is high by world standards and has increased over the years.

Gaols in NSW do not provide sufficient treatment for the large number of mentally ill people in gaol. The recently opened facility at Long Bay has a capacity of 300. So what becomes of the remaining 600?

Mental Health Services

For the rich psychoanalysis is available. For the well-to-do some psychological counselling or behaviour therapy can be accessed. For the majority of treated patients treatment with drugs is the only option.

The present mental health services are based on high dependency treatment units and “community mental health services”.

Crisis Management

Where a person has a psychotic episode, the police may bring them into a hospital under s.22, or they may be “scheduled” under S.19. What does the magistrate see under the requirements of S.27 and S.34? The people are all in need of help and almost invariably they remain involuntary for at least the 14 day adjournment period and up to three months on an order.

The worrying part is that the majority of patients presented in this way are ***repeat*** cases, “known history of schizophrenia/bipolar affective disorder”. I often ask why **longer** orders are not sought if there is a history of continuing relapse.

The aim of any policy that is to be effective must be to reduce the number of repeats and incarceration of these people. The problem that a magistrate faces is that any order available to her or him does not achieve that. The longest in-patient order is three months – usually insufficient to achieve compliance with a regime of medication. The Community Treatment Order – up to 12 months – only provides supervision at best of once every three weeks. Given that failing to stay on

medication for two or three days can lead to a psychotic episode, to be dealt with again by the hospital, or worse, by the Police and the Courts. These fill the high dependency hospital psychiatric units with patients who need to be moved on, so inadequate treatment is given, or they go to gaol because the problem has not become apparent to police, lawyers or judicial officers because of the heavy workloads in the courts, and the lack of training in recognizing the need for diversion on the run.

My solution:

Magistrates should be given the power to make orders of up to two years which require the patient to live at institutions where a qualified person can supervise medication on a daily basis and detect any relapse before it becomes a hospital crisis or criminal matter.