

**Submission
No 706**

**INQUIRY INTO HEALTH OUTCOMES AND ACCESS TO
HEALTH AND HOSPITAL SERVICES IN RURAL,
REGIONAL AND REMOTE NEW SOUTH WALES**

Organisation: Just Reinvest NSW

Date Received: 16 May 2021



Inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales

Submission by Just Reinvest NSW

May 2021

About this submission

We thank the Portfolio Committee on Health for the opportunity to provide a submission to this Inquiry.

For questions related to this submission, or for further information, please contact Jenny Lovric (Manager, Community Engagement & Partnerships, Just Reinvest NSW) or Joanna Lunzer (Coordinator, Policy & Advocacy, Just Reinvest NSW)

About Just Reinvest NSW

Just Reinvest NSW supports Aboriginal communities to explore and establish justice reinvestment initiatives and advocates for systemic changes that build safer and stronger communities. We began in 2011 as a strategic initiative of the Aboriginal Legal Service NSW/ACT. Our small team are guided by an executive committee and supported by a network of champions, youth ambassadors and supporters across the legal, corporate, government and for-purpose sectors.

We work at a local level with Aboriginal communities to explore and implement community-led justice reinvestment initiatives, at the same time advocating for legislative and policy changes that will drive down interactions with the criminal justice system and incarceration rates and support community leadership and self-determination.

Members of Just Reinvest NSW include: Aboriginal Education Council, Aboriginal Medical Service (Redfern), AIASF, ANTaR, Ashurst Australia, Australian Red Cross, Community Legal Centres NSW, Gilbert + Tobin, Herbert Smith Freehills, Infinite Hope Aboriginal Corporation, Johnson Winter & Slattery, King & Wood Mallesons, Legal Aid NSW, The Network of Alcohol and other Drugs Agencies (NADA), NCOSS, Oxfam Australia, Reconciliation NSW, Save the Children Australia, Shopfront Youth Legal Service, Show Me the Way, Weave, White Lion, Youth Action and the Youth Justice Coalition.

Just Reinvest NSW collaborated with the Bourke community to support the establishment of Maranguka using a justice reinvestment framework and we continue to support its important work. We are currently working closely with members of the Aboriginal communities in Mount Druitt and Moree to explore the how a justice reinvestment approach might work in those communities.

Addressing the underlying issues of interactions with the criminal justice system.

Justice reinvestment is a way of working that is led by the community, informed by data and builds strategies to address issues at a local level. The aim is to redirect funding away from prisons and into communities that have high rates of contact with the criminal justice system, through both community-led initiatives and state-wide policy and legislative reform.

Justice reinvestment is about addressing the underlying issues that lead to interactions with the criminal justice system. Through multiple inquiries, research and statistics, there is overwhelming evidence that unaddressed health issues (along with lack of access to education, transport, housing as well as poverty) lead to interactions with the criminal justice system.

Unaddressed health issues and interactions of Aboriginal and Torres Strait Islander people in the criminal justice system

The link between unaddressed health issues, including access to health issues – and interactions with the criminal justice system is already well made out. Undiagnosed, unaddressed and untreated cognitive impairment, mental ill-health and trauma are concerningly prevalent in young people going through the youth justice system.¹ Aboriginal people with cognitive disabilities and mental health disorders are also overrepresented in the adult criminal justice system,² and research demonstrates that a higher proportion of Aboriginal people in custody have mental health disorders and cognitive disabilities compared to non-Indigenous people.³

Just Reinvest NSW has referred to the link between health issues, access to service services and interactions with the criminal justice system in the following inquiries and review:

- Inquiry into the high level of First Nations people in custody and oversight and review of deaths in custody,⁴
- Council of Attorneys-General - Age of Criminal Responsibility Working Group Review
- Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability - Criminal Justice System Issues Paper,⁵
- Inquiry into Indefinite detention of people with cognitive and psychiatric impairment in Australia,⁶ and

¹ See for example, Young People in Custody Health Survey NSW, (2015), <https://www.justicehealth.nsw.gov.au/publications/2015YPICHSReportwebreadyversion.PDF>

² Ruth McCausland, Elizabeth McEntyre, and Eileen Baldry, 'Indigenous People, Mental Health, Cognitive Disability and the Criminal Justice System,' Indigenous Justice Clearinghouse, 1.

³ *Ibid*; Eileen Baldry, Ruth McCausland, Leanne Dowse, and Elizabeth McEntyre, 'A Predictable and Preventable Path: Aboriginal People With Mental and Cognitive Disabilities in the Criminal Justice System', UNSW, Sydney, 2015, 16, <https://www.mhdcj.unsw.edu.au/>.

⁴ See <https://www.parliament.nsw.gov.au/committees/listofcommittees/Pages/committee-details.aspx?pk=266>

⁵ See <https://disability.royalcommission.gov.au/publications/criminal-justice-system>

⁶ See https://www.apf.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/IndefiniteDetention45

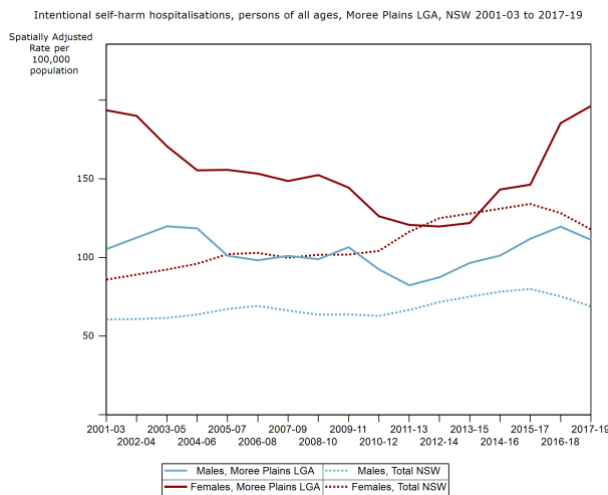
- The Special Commission of Inquiry into the Drug ‘Ice’,⁷

In relation to the Special Commission of Inquiry into the Drug ‘Ice’, the Commission heard evidence from multiple sources in Moree all attesting to the lack of adequate health treatment services, in particular for young people. To assist this Inquiry, we have summarised Moree-specific access to health service issues identified by the Ice Inquiry in Appendix 1.

Health care in Moree – postcode injustice

Moree has a large Aboriginal population. At last Census, the Aboriginal population was calculated at 20.1% but there is a consensus view in Moree that the proportion is much higher due largely to undercounting.

Health issues in Moree are significant, with mental health issues and associated alcohol and other drug use particularly concerning. By way of example, below is a graph from Health Stats (NSW Health) indicating the high rates of intentional self-harm in Moree LGA, in particular for women, compared to the rest of NSW.⁸



The issue of inadequate healthcare in Moree has been addressed or referred to in various research and reports.

For example, an evaluation of the TARROT program (a temporary program assisting young people in trauma in Moree) found key barriers to health care in Moree include:

- A lack of specialists that work in Moree, retaining staff is hard. Youth Justice have had a psychologist position available for three years that they can't fill.
- The specialists that do visit have extremely long waiting lists, or available appointments are fee for service.

⁷ See <https://www.dpc.nsw.gov.au/publications/special-commissions-of-inquiry/the-special-commission-of-inquiry-into-the-drug-ice/>

⁸ See <http://www.healthstats.nsw.gov.au/>

- There is limited professional capability, capacity and cultural understanding to deal with the levels of trauma being experienced by many Aboriginal children in the community.⁹

An assessment of the social and economic conditions in the Murray-Darling Basin found that the services in town, including health and education means it is hard to attract people to Moree, and that the critical shortage of GPs has had a big impact on health and is driving people away.¹⁰ It also noted an acute shortage of GPs with a 6-8 week's waitlist for an appointment. With low incomes and elderly people, and people who are cash strapped, the emergency department at hospital is busier with triaging more urgent cases, that were preventable if dealt with earlier.

Moree Plains Shire Council's 2018 submission to the Inquiry into the Indicators of, and Impact of, Regional Inequality in Australia' noted:

- Moree's ageing population requiring more health services
- The Shire's Health infrastructure has not kept pace with this increased demand.
- The Moree Hospital is old and lacks many of the services at a level needed to minimise travel for health purposes (eg it is a 3.5 hour drive to get an MRI)
- While some specialists visit the town on a sessional basis, this is inadequate to handle other than basic health needs
- There is an ongoing shortage of general practitioners.
- Issues with emergency services -- 'an ambulance can be sent from a town that is either further away than the closest hospital or from a location with inadequate services to deal with the emergency due to a complete lack of local knowledge in a centralised call centre'.¹¹

Some Aboriginal community members in Moree have told us of families' lived experiences of the challenges of getting adequate health care in Moree. Issues additional to the above include:

- There are many health concerns in Moree that the current health system is not addressing
- High adverse patient outcomes following visits to Moree Hospital, including fatalities,
- Complaints about being told to leave hospital without adequate treatment, and left to go home with sometimes very serious issues not treated,
- Experiences of discomfort, and also discrimination and racism in the provision of care,
- A lack of cultural safety in the provision of health services,
- Being forced to seek help outside Moree for sometimes basic health care – often having to travel hundreds of kilometres to seek basic care, at their own expense. With few and poor public transport options, and low rates of car ownership, the burden of seeking health is having a deleterious impact on people's access to basic health and health outcomes which should and could have been prevented if local health services were accessible, available and competent.
- Concerns about high levels of cancer in the Moree community that are not being addressed,
- Very high rates of suicide in Moree are not being addressed in any systemic or coordinated way,
- No opportunity or availability to use s32 diversions to mental health support for those going through the criminal justice system,

⁹ See Indigenous Australians Health Program (2019) "[TARROT: A description of the program an evaluation of its impact 2016-2019](#)"

¹⁰ Hon. David Littleproud MP (2019) '[Independent Assessment of Social and Economic Conditions in the Murray-Darling Basin](#)'

¹¹ See Submission to Inquiry into the Indicators of, and Impact of, Regional Inequality in Australia <https://www.aph.gov.au/DocumentStore.ashx?id=a7234792-1fea-4087-beaa-083b1a7b8b3e&subId=565364>

- No Magistrate’s Early Referral into Treatment (MERIT) program at Moree Local Court,
- No detox service in Moree – people have to travel out of town to detox before they are accepted into the local drug rehabilitation facility, and no use of beds in the hospital for this purpose,
- No specific drug & alcohol services for young people in Moree,
- Inadequate emergency department treatment in Moree hospital for those seriously affected by drugs.

Support for the Inquiry to sit in Moree

We understand that the Committee has set a timetable to conduct Inquiry hearings in regional NSW, but that Moree is not one of the listed locations.

The following people, agencies and organisations all request that the Inquiry sit in Moree.

1. Kenneth Knox - PIUS X Aboriginal Corporation Moree
2. Sharyn Cox – Principal, Moree Public School
3. Bianca Mills – Aboriginal Focus Domestic & Family Violence Worker - Tamworth Family Support Services (based in Moree)
4. Gwenda Stanley – Community, Moree
5. Lyall Munro – Community, Moree
6. Linda Maidens – Newell Advocacy, Moree
7. Joy Williams – Homes North, Moree
8. Reverend Paul Cosier - Narrabri/Moree Uniting Church
9. Glen Crump – Miyay Birray Youth Service, Moree
10. Blossom Pitt – Youth Consultant, Joblink Plus, Moree
11. Toni Johnston – Aboriginal Employment Strategy (AES) Moree
12. Luke Swan – Community, Moree
13. Jenny Swan – Community, Moree
14. Grandmothers Against Removal - GMAR Moree
15. Moree team - Just Reinvest NSW
16. Kate Smith - CEO, Moree Sports, Health, Arts & Education (SHAE) Academy
17. Barry Swan – Youth Insearch
18. Michelle Harrison – Moree Care

Having the Inquiry sit in Moree will allow the Committee to hear directly from community’s and organisation’s experience of health services in Moree to help the Committee understand the impact poor health access and outcomes has on citizens living and working in Moree.

Please contact Jenny Lovric

if you would like any more information.

APPENDIX 1

The Special Commission of Inquiry into the Drug 'Ice' - MOREE

<https://www.dpc.nsw.gov.au/publications/special-commissions-of-inquiry/the-special-commission-of-inquiry-into-the-drug-ice/>

Relative lack of availability of health services in Moree

Report Volume 1b - <https://www.dpc.nsw.gov.au/assets/dpc-nsw-gov-au/publications/The-Drug-ice-1546/03-Report-Volume-1b.pdf>

The lack of a youth detoxification facility in Moree, and the difficulties this causes for youth in contact with the criminal justice system there, was the subject of evidence at the Moree Hearing.¹²

Witnesses at the Moree Hearing told the Inquiry about the lack of treatment services in that region, particularly for young people. David Kelly, Manager of Community Health Programs, Maayu Mali Aboriginal Residential Rehabilitation Centre, said: 'There's certainly nothing even vaguely resembling a rehab, even a day program rehab, for young people anywhere within hundreds of kilometres of here.'¹³

Cigdem Watson, Executive Manager, Centacare, Narrabri, oversees its Youth Drug and Alcohol Service. She told the Moree Hearing there is a lack of resources across local communities to assist people experiencing crystal methamphetamine dependence.

'[I]f someone is using ice in our communities or any other drug, for example, in Narrabri we don't even have a resident doctor in the hospital. We don't have designated detox facilities, those kinds of things. We don't have any of those ... So if you've got someone who's having, let's say, a psychotic episode using ice, they – they get taken to ED. What happens then is those nurses, they don't have the training for a start to deal with a complex presentation such as drug and alcohol. They don't have specialties in that. And then they don't have designated beds. They don't have access to a specialist drug addiction – like, a professor or something like that ... It puts a lot of strain back on to the local service providers.'¹⁴

Bernadette Terry, Assistant Manager, Moree Youth Justice, gave evidence that a psychologist position had been unfilled for two years, affecting young clients.

'We have been recruiting for that position unsuccessfully ... We've done a lot of research into it and we feel that it's due to the remoteness of Moree; that the level of skills the psychologist needs to have, we're not getting those types of people applying. So we want registered psychologists, and ... I don't believe they get enough incentives to come to a town like Moree.'¹⁵

¹² Kylie Valentine and Suzanne Fraser, 'Trauma, damage and pleasure: Rethinking problematic drug use' (2008) 19 International Journal of Drug Policy 410; Jonathon Cooper, Andrew Fox and Nancy Rodriguez, 'Race, Structural Disadvantage, and Illicit Drug Use Among Arrestees' (2012) 23(1) Criminal Justice Policy Review 18.

¹³ Moree Hearing, Moree, 15 August 2019, TS 3001.26-28 (D Kelly).

¹⁴ Moree Hearing, Moree, 16 August 2019, TS 3067.20-37 (Watson).

¹⁵ Moree Hearing, Moree, 15 August 2019, TS 2793.18-23, TS 2794.22 (Terry).

Report Volume 2 - <https://www.dpc.nsw.gov.au/assets/dpc-nsw-gov-au/publications/The-Drug-ice-1546/04-Report-Volume-2.pdf>

Moree Plains Shire Council argued that the lack of viable and sustainable diversionary programs in rural areas is the biggest barrier to access.¹⁶

‘Rural and remote areas of NSW would greatly benefit from new and additional diversionary programs and the funding and resources to enable these to be viable. Smaller regional towns like Moree, which has a high level of drug issues, could benefit rather than taking it to the rural centres like Tamworth and Armidale, due to tyranny of distance, cost inhibiting factors for clients to access.’¹⁷

Report Volume 2 -- <https://www.dpc.nsw.gov.au/assets/dpc-nsw-gov-au/publications/The-Drug-ice-1546/04-Report-Volume-2.pdf>

In its submission to the Inquiry, the Moree Plains Shire Council stated that the town ‘could use a safe injecting room at the new proposed hospital as often truckloads of garbage [are] contaminated from users putting needles in the bins, [it’s] a safety issue’.¹⁸ The Inquiry received evidence that in 2018, the Moree waste department found 50,000 needles.¹⁹

Report Volume 3 -- <https://www.dpc.nsw.gov.au/assets/dpc-nsw-gov-au/publications/The-Drug-ice-1546/05-Report-Volume-3.pdf>

1 Ms Carter, DCJ, told the Moree Hearing that the 12-week drug-testing program is primarily to monitor what types of drugs are being used and to ascertain the level of drug use, rather than promote abstinence. However, as parents are tested two to three times per week and the nearest testing facility is 150km away from Moree, Ms Carter told the Inquiry that in her time at Moree DCJ, no family engaged with the Moree DCJ had completed the program.²⁰

Ms Cassells also informed the Inquiry that some inmates are transported to a custodial facility while the management of their withdrawal is ongoing.²¹ Although inmates are transported in groups so that no person is left alone,²² Ms Cassells advised that the closest custodial facility to Moree is Tamworth, where patients can wait 2–3 days for a vacancy, or Grafton or Wellington, which are both five hours from Moree. Clearly, travelling long distances in a prison transport while withdrawing from ATS raises health risks for inmates and challenges for their safe transportation.

Report Volume 4 -- <https://www.dpc.nsw.gov.au/assets/dpc-nsw-gov-au/publications/The-Drug-ice-1546/06-Report-Volume-4.pdf>

¹⁶ Moree Plains Shire Council, Submission No 72 (May 2019) 10 [2.4.11].

¹⁷ Moree Plains Shire Council, Submission No 72 (May 2019) 10 [2.4.14]

¹⁸ Moree Plains Shire Council, Submission No 72 (undated, received 7 May 2019) 21.

¹⁹ Moree Hearing, Moree, 15 August 2019, Exhibit A, Tab 9, Statement of Roslyn Laws, 30 July 2019, [13].

²⁰ Moree Hearing, Moree, 15 August 2019, TS 2955.1-12 (Carter).

²¹ Custodial Hearing, Sydney, Exhibit A, Tab 28, Statement of Kerry Cassells, 26 August 2019, [22].

²² Custodial Hearing, Sydney, Exhibit A, Tab 28, Statement of Kerry Cassells, 26 August 2019, [23].

Moree Local Court is not in a Magistrates Early Referral into Treatment (MERIT) catchment area, but there is strong community support for MERIT. In 2015, a petition signed by more than 3,000 residents was tabled in NSW Parliament, requesting its introduction.²³ One of the women who launched the petition told the ABC: 'We saw close family members going through the revolving doors of incarceration time after time because of their drug offending and criminal behaviour we thought "There's got to be a better way".'²⁴

Ms Terry, Youth Justice NSW, accepted that if there were more options in the Moree community to assist young people deal with drug use, Youth Justice might be more successful in achieving its aim of reducing reoffending.¹²⁷ She said Moree could benefit from a Drug Court or a Youth Koori Court.²⁵

Superintendent Tanner said Moree would benefit from a Youth Koori Court in which there is a wraparound service involving an Elder or respected community member. He said he has observed the success of cultural camps run by Moree's Aboriginal Community Liaison Officers and the Youth Liaison Officer.²⁶

The Inquiry heard that detoxification might occur in custody, but young people then return to the same environment and socialise with the same peers for whom drug use is normalised.²⁷ Ms Terry, Youth Justice NSW, said Moree would benefit from a local detoxification service,²⁸ and halfway accommodation that gives a client returning to the community 24/7 support, a caseworker to help them access services and ongoing relapse-prevention counselling.²⁹

²³ 'Moree MERIT petition tabled in State Parliament', ABC News (Web Page, 25 June 2015) <<https://www.abc.net.au/news/2015-06-25/moree-merit-petition-tabled-in-state-parliament/6572892>>.

²⁴ 'Moree MERIT petition tabled in State Parliament', ABC News (Web Page, 25 June 2015) <<https://www.abc.net.au/news/2015-06-25/moree-merit-petition-tabled-in-state-parliament/6572892>>.

²⁵ Moree Hearing, Moree, 15 August 2019, TS 2992.13-25 (Terry).

²⁶ Moree Hearing, Sydney, 30 September 2019, TS 4613.3-10 (Superintendent Tanner).

²⁷ Moree Hearing, Moree, Exhibit A, Tab 6, Statement of Bernadette Terry, 7 August 2019, [30]

²⁸ Moree Hearing, Moree, 15 August 2019, TS 2988.30-44 (Terry).

²⁹ Moree Hearing, Moree, Exhibit A, Tab 6, Statement of Bernadette Terry, 7 August 2019, [31].