

‘The invisible barrier’: Mental illness as a mediator of mothers’ participation in the Victorian criminal justice system

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In line with international trends, women represent Australia’s fastest growing prison population. They also represent a resource intensive population as women who enter the criminal justice system come with a wide variety of interlinked individual, social, and systemic challenges, most notably high rates of mental illness. Furthermore, a large number of imprisoned women will also be mothers of dependent children. Despite the growing body of knowledge surrounding imprisoned mothers and women who have a mental illness, knowledge about women who straddle this divide appears to be missing. They are relatively invisible in terms of criminal justice policy and practice, as well as research.

In order to address this gap, my study examined the experiences of mothers with a mental illness, as they navigate Victoria’s criminal justice system, to plan the care of their children. I focused on mothers’ experiences at the critical care planning decision-making points of pre-prison, arrest, sentencing, and imprisonment. An exploratory embedded mixed methods approach was used, gathering both quantitative and qualitative data from mothers using a structured interview schedule. Data gathered from 21 imprisoned mothers with a mental illness was triangulated with data gathered from 19 imprisoned mothers without a mental illness. Interviews took place in 2013 at Victoria’s two female prisons, the Dame Phyllis Frost Centre and Tarrengower Prison, and in the community. The quantitative data was analysed using descriptive, non-parametric statistics, and Chi-square tests. The qualitative data was analysed using thematic and content analysis in order to develop themes and map the women’s experiences.

This study can claim five substantive findings in relation to the experiences of mothers with a mental illness as they navigate the criminal justice system:

1. While there is a level of similarity between imprisoned mothers with and without a mental illness (in terms of age, offending history, and parenting characteristics), this similarity serves to hide the distinct needs of mothers with a mental illness.
2. Mothers with a mental illness experience high levels of distress prior to, at arrest, and during their court case and sentencing. Their experiences of distress, combined with other

interlinked issues such as substance use, reduce their engagement with and participation in the care planning process for their children.

3. There is a general invisibility of these mothers' issues at arrest and sentencing. In contrast, prisons are better able to respond, probably because of established gender-responsive practices that underpin correctional service delivery. This was evident in the mothers' improved mental health in prison compared to the community.
4. Mothers with a low prevalence disorder (e.g., bipolar disorder and schizophrenia) experience a greater level of vulnerability as they navigate the criminal justice system to plan the care of their children.
5. The appropriateness of community-based services accessed by mothers with a mental illness prior to imprisonment is questionable. Participants reported high levels of personal distress despite having access to mental health services, particularly general practitioners and psychologists, these services did not divert the mothers away from the criminal justice system.

The findings showed that mothers with a mental illness, especially those who have severe mental health issues, have lower levels of involvement in planning their children's care, compared to mothers who did not have a mental illness. This is due to the individual issues experienced by these mothers intersecting with a criminal justice system that typically does not acknowledge or respond to them in any significant way. This group of women are therefore disadvantaged by their gender and their mental health status, as well as the systems with which they interact (e.g., mental health and criminal justice).

This disadvantage has serious implications for their ability to plan the care of their children. Over one-half of the children had no care arrangements in place when their mother was imprisoned. No care arrangements can result in a crisis for the family unit; there is typically no time to plan, and significant others often stepped in to make care arrangements rather than the mother. Furthermore, the initial care arrangements made are often unstable over time, resulting in multiple moves for children during their mothers' imprisonment. This study showed that mental illness has a significant impact on this group of mothers' engagement with, and participation in, the criminal justice system to plan their children's care.

This study was the first Australian study to examine the experiences of mothers with a mental illness as they intersect with and move through the criminal justice system. It has important implications for criminal justice policy and procedure. It highlights the importance of responding to

complexity within correctional populations, and provides evidence for the need to incorporate gender-responsive practice at the stages of arrest and sentencing.

Access to the full report can be found by following the link:

[https://monash.figshare.com/articles/ The invisible barrier mental illness as a mediator of mothers participation in the Victorian criminal justice system/4720879/1](https://monash.figshare.com/articles/The_invisible_barrier_mental_illness_as_a_mediator_of_mothers_participation_in_the_Victorian_criminal_justice_system/4720879/1)