WITNESS STATEMENT OF PROFESSOR STUART KINNER

I, Professor Stuart Kinner, Head of the Justice Health Unit in the Centre for Health Equity at the Melbourne School of Population & Global Health, University of Melbourne, of Level 4, 207 Bouverie Street Carlton Victoria 3010, say as follows:

Background

1 I make this statement on the basis of my own knowledge, save where otherwise stated. Where I make statements based on information provided by others, I believe such information to be true.¹

2 I am providing evidence to the Royal Commission into Victoria's Mental Health System in my capacity of Head of the Justice Health Unit in the Centre for Health Equity at the Melbourne School of Population & Global Health, University of Melbourne; and Head of the Justice Health Group in the Centre for Adolescent Health, Murdoch Children's Research Institute.

Overview of my experience

3 I completed a PhD in forensic psychology at the University of Queensland in 2004, and since that time have worked full-time as a researcher studying the health of people who have had contact with the criminal justice system. I have produced over 250 publications and attracted more than $26 million in competitive funding for research and evaluation. I am regularly invited to present at local, national, and international meetings.


5 Attached to this statement and marked ‘SK-1’ is a copy of my curriculum vitae.

¹ I would like to acknowledge the assistance of my colleague Louise Southalan in helping me to prepare this witness statement.

Please note that the information presented in this witness statement responds to matters requested by the Royal Commission.
My role at the Justice Health Unit and Justice Health Group

I am Head of the Justice Health Unit at the University of Melbourne, and Head of the Justice Health Group at the Murdoch Children’s Research Institute. My multi-disciplinary team spans these two institutions and undertakes rigorous, impactful research on the health of justice-involved populations. Our group is skilled in diverse research methods, but we have particular skill in multi-sectoral data linkage (e.g., linking criminal justice data with health and/or welfare data). Historically, much of our work has focussed on the health of adults released from prison. More recently, our focus has expanded to include youth detention settings, police watch houses, and other settings where vulnerable people have contact with the criminal justice system. As Head of the Unit/Group, I have primary responsibility for attracting funding; engaging with academic, government, and non-government stakeholders; and overseeing preparation and dissemination of our research outputs.

Considering the mental health of people who move through criminal justice settings

My area of expertise is public health, and in particular, the health of people who have contact with the criminal justice system. My expertise spans diverse health conditions (including but not limited to mental health conditions), and health services and systems relevant to criminal justice settings. Public health research is multi-disciplinary and I approach the issues discussed in this statement from a 'health perspective', that is, with an interest in the development of effective health policies, strategies and responses to improve the health of individuals and populations. My goal is to convey my understanding of what the evidence suggests, in order to inform robust and evidence-informed policy.

In public health we talk of “populations” who move through different “settings”. People who move through the criminal justice system are not a separate population of “offenders”, “prisoners” or other pejorative terms that are commonly used. They are members of the community who move through a setting, whether that is a prison, remand centre, community corrections setting, youth detention setting, or police watch house. As such, improving the health of justice-involved people is an important part of efforts to reduce health inequalities and improve overall public health; in other words: ‘prison health is public health’.2

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Accordingly, the mental health and wellbeing of people in criminal justice settings is important in its own right, not just because it is relevant to risk of reoffending. For this reason, my work does not consider mental health and wellbeing in terms of offending and risk of reoffending. Nor am I primarily concerned with reoffending or reincarceration outcomes in criminal justice settings. The risk of reoffending is, of course, an important consideration for criminologists and criminal justice policymakers. However, there is a tendency for governments and the public to focus exclusively on criminal justice outcomes when they consider people in criminal justice settings. In doing so, they forget that we are talking about the mental health of (typically vulnerable) people who come from our communities, and return to our communities. A focus on criminal justice outcomes can also tend to overlook other factors which may contribute to ongoing contact with the criminal justice system, such as over-policing of particular communities, and the variable institutional responses to mental health and substance use issues.

The view that the mental health and wellbeing of people in criminal justice settings must be considered separately and independently from offending and risk of reoffending is enshrined in the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules). Rule 24.1 of the Nelson Mandela Rules states that ‘Prisoners should enjoy the same standards of health care that are available in the community, and should have access to necessary health-care services free of charge without discrimination on the grounds of their legal status’. This rule is known as the ‘principle of equivalence’ and provides that people who experience incarceration in any setting should have access to healthcare equivalent to that available in the community. Because ‘equivalent’ does not mean ‘the same’, services must respond to the prevalence of health issues in correctional settings to ensure equivalent outcomes to the community. Given that the prevalence of mental health issues is much higher in criminal justice settings, greater investment in resources and supports is needed to achieve equivalent outcomes in these settings.

Recognising the importance of continuity of care, Rule 24.2 of the Mandela Rules states that “Health-care services should be organized in close relationship to the general public health administration and in a way that ensures continuity of treatment and care, including for HIV, tuberculosis and other infectious diseases, as well as for drug dependence”. The Nelson Mandela Rules (in particular Rules 24.1 and 24.2) are reflected in the Guiding Principles for Corrections in Australia (2018), which have been...

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4 Corrections Victoria, Guiding Principles for Corrections in Australia, Government of Australia through the Corrective Services Administrators’ Council (2018) available at
endorsed by correctional authorities in every state and territory, including Victoria. Outcome 4.1.4 states that “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.” Outcome 4.1.5 states that “Prisoners are provided with appropriate health practitioners to deliver the right care at the right time, consistent with equivalent codes of conduct and professional/ethical standards as those applying to public health services in the community.”

As is the case in most parts of the world, people who move through Victoria’s criminal justice settings disproportionately come from, and return to, the most disadvantaged communities. Accordingly, and consistent with the established position of the WHO, this means that when considering the mental health of people in prison, we are talking about the mental health of some of the most vulnerable and marginalised people in Victoria.

**Appropriate language**

It is unfortunately common, when talking about people who move through criminal justice settings, for people and organisations to use the language of “offenders”. There has been a determined shift away from the use of this language in some other criminal justice systems for two reasons.

The first reason is that the language is pejorative and encourages health practitioners to think about their clients or patients as ‘offenders’ rather than people.

The second reason is that the language is arguably incorrect, at least in some contexts. Offending is a behaviour and the fact that a person has committed a crime in the past does not mean that they are currently ‘an offender’. Continuing to call a person who has moved through the criminal justice system and returned to the community an ‘offender’ is akin to saying that a person who was once admitted to hospital is still a ‘patient’, or that someone who went to university is always a ‘student’.

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Services in correctional settings

Increases in the prison and youth justice population over the last decade

16 In the past 10 years there has been a marked increase in the rate of incarceration in Australia. In recent decades there has also been increased overrepresentation of Aboriginal and Torres Strait Islander people in criminal justice settings, and a disproportionate increase in the incarceration of women.7

17 Until 2019, data collected and published by the Australian Bureau of Statistics (ABS) only presented an average of the number of people in prison on a single day – either on 30 June (ABS 4517.0), or averaged across each quarter (ABS 4512.0).

18 Statistics on the ‘daily’ prison population do not tell us how many people churn through the prison system over time. Recently available ABS data (‘flow’ data in ABS 4512.0) on the number of prisoner receptions show that the number of receptions into the prison system each year is at least 50% higher than the average daily number of people in prison.8 For example, according to ABS data there were 69,355 prison receptions in the year April 2019 – March 2020; during the March 2020 quarter the ‘average daily number’ of prisoners was 43,995. Therefore, the one-year ‘flow’ was 58% higher than the (average) daily number. Because these ABS flow data represent the number of receptions events, not the number of people entering prison, and because some people enter prison two or more times in a year, we still do not have publicly available data on the number of people who experience incarceration in Australia each year. Flow data are important to ensuring that throughcare services are funded at scale (i.e., funding based on the daily number of people in prison would be inadequate), and for ensuring adequate funding for key groups including women and Indigenous Australians.9

19 I do not know whether or in what ways correctional authorities in Victoria or elsewhere consider flow data to inform their service responses, particularly services relating to reception screening and transitional support. To the extent that correctional authorities rely on ‘daily number’ statistics to inform their funding models, funding for services will


8 The ABS now reports on the number of prison receptions, disaggregated by sex and Indigenous status. However, these data are not disaggregated by age or (because such data are not available) any health variables (e.g., mental health status).

9 The churn of people moving in and out of the prison system is more rapid for Indigenous people, young people and women, see: Avery, A., & Kinner, S. A., ‘A robust estimate of the number and characteristics of persons released from prison in Australia’, Australian and New Zealand Journal of Public Health 39(4).
be both inadequate to meet demand, and skewed to older white men, who on average spend more time in prison. Person-level data on the number of people entering and leaving prison each year are required to inform reception and discharge service planning. If such data are available, they should be published routinely by the ABS or another appropriate national authority. If such data are not available, this suggests that correctional authorities may be unable to adequately assess demand for throughcare services.

It is instructive to compare the data available for prison flow with that available for another expensive, state-funded institution – hospitals. The AIHW reports annually on the number of admitted and non-admitted hospital patients, including detailed information on the number and characteristics of ‘separations’ (releases). Given that more than $4 billion in taxpayer funds is spent annually on Australia’s prisons (excluding prison healthcare costs), it seems reasonable to expect that comparable data on the activity and performance of this system should be made publicly available, and used to inform benchmarking, service planning, and funding. Although we now have some very basic ‘flow’ data for prisons (number of reception events per quarter, disaggregated by age, sex and Indigenous status), this is insufficient to inform targeted throughcare planning. By way of comparison, the AIHW admitted patient statistics disaggregate episodes of care (akin to episodes of incarceration) by age, sex, Indigenous status, length of stay, public vs. private institution, mode of admission, and reason for admission (health condition(s) managed). For example, in 2018-19 there were 491,504 hospital separations in Australia (4.2% of the total) with a primary diagnosis of ‘mental and behavioural disorders’, with 51% of these from private hospitals. Similarly granular data on prison ‘stays’ would permit more effective throughcare planning and service delivery, and would provide increased accountability for this large, growing, and comparatively opaque system.

Given the increase in the number of people on remand, it is likely that the rate of churn through prisons has increased more rapidly than the number of people in prison (the ‘daily number’). This is because remand is associated with short episodes of incarceration. People on remand are known to have more acute and pressing mental health needs.

**Measuring demand for mental health services in correctional settings**

There are no routinely, publicly available data on the scale of or demand for mental health services in correctional settings in Victoria. The AIHW publishes a triennial report

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12 See: [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2353026/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2353026/) [accessed 20 July 2020].
on the health of prisoners in Australia; this includes some indicators of mental health status but these are not adequate to inform service provision or associated funding. The most recent (2018) AIHW report includes estimates of mental health status from a reception screen administered to 803 people entering prison over a two-week period: 40% reported a past diagnosis of mental disorder, 26% reported high or very high psychological distress, 23% (26% non-Indigenous, 19% Indigenous) reported currently taking a psychotropic medication, and 18% were referred to mental health services at reception. Data from an audit of medication dispensing revealed that 16% of prisoners were dispensed a mental health related medication. Although these data are incredibly valuable and globally unique, they have some important limitations: (1) funding for this AIHW collection is extremely precarious, and likely inadequate; (2) numbers for the reception survey are small, and self-report is inadequate for assessing mental health needs, particularly for Indigenous people who may be reluctant to disclose mental health concerns in settings that are not culturally safe; (3) data on medication dispensing come from a one-day ‘snapshot’ of 8,273 people who were dispensed medication for any reason on that day, (4) the AIHW does not publish estimates of mental health service delivery, only medication dispensing, and (5) data on mental health service delivery may or may not be a reasonable reflection of demand, since they are largely a function of available funding.

In late 2016, I contributed to a report Prison mental health services: A comparison of Australian jurisdictions, which published the results of the first national comprehensive survey of prison mental health services in Australia (Survey). It included data from all jurisdictions except Victoria, which elected not to make its data publicly available. To my knowledge, no equivalent survey has been undertaken for youth justice settings in Australia, although the need for this work is pressing.

The aims of the Survey were to:

(a) identify current approaches to the treatment of mentally ill people in custody and in transition to the community;

(b) identify relevant service providers responsible for delivering prison mental health services; and

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(c) quantify the current mental health service delivery to custodial populations in Australia.

25 The Survey results were subsequently published and we concluded that national prison mental health services are not adequately funded when assessed against a model developed by the Sainsbury Centre for Mental Health in the United Kingdom (Sainsbury Model).¹⁶ The Sainsbury Model estimates the staffing profile of prison mental health services that is equivalent to mental health service provision in the community. The Survey showed that only Tasmania and the ACT funded and were delivering the number of staff recommended by the Sainsbury Model. That is, the other participating states and the Northern Territory were not funding or delivering the staff required to deliver prison mental health services equivalent to community mental health services. These findings are in stark contrast to Rule 24.1 of the Mandela Rules (the ‘principle of equivalence’).

26 There remains a lack of reliable and publicly available evidence about the scale of mental health services provided in correctional settings in Victoria. It is my impression that mental health services in Victoria, as in most Australian jurisdictions, are dramatically underfunded.

**Benefits and detriments of private prison health service delivery**

27 Given the very high prevalence of mental illness in prisons and youth detention settings, there is clearly a case for having specialist mental health services in prison settings, in addition to forensic psychiatric hospitals such as Thomas Embling. Providing specialist services within the wider prison system makes sense because there is a shortage of forensic beds, and considerable demand for lower-acuity mental health services across the system. Ultimately, whether the right type and amount of services are in place in correctional settings is an empirical question; a key strategy for answering this question would be to analyse linked mental health, correctional, hospital and mortality records for Victoria.¹⁷ Systems for undertaking such multi-sectoral data linkage are now well established in all Australian jurisdictions, including Victoria. The Centre for Victorian Data Linkage (CVDL) has access to all of these data and has both the technical capacity to link them, and the expertise to do so in a way that protects privacy. Although linkages of this sort already occur within government, there are advantages to having this work undertaken by an independent entity (e.g. through a competitive tender or commissioning process), to ensure both scientific rigour and independence. Although

¹⁷ I discuss the utility of data linkage studies below at paragraphs 62 to 63.
CVDL could undertake the required data linkage, they would require approval from all
relevant data custodians, including Corrections Victoria.

28 There is likely no one ‘right’ model for mental health service delivery in custodial
settings – having one central agency deliver all services would minimise barriers to
service coordination and information flow; extensive sub-contracting of services aligns
with notions of ‘contestability’ and facilitates tailoring of services to each setting and
client group. It is my impression (in the absence of publicly available data to confirm)
that Victoria is at one end of this spectrum: there seems to be an unusually high degree
of privatisation and disaggregation of service delivery in the prison setting.

29 Irrespective of the quality of the services delivered by subcontracted service providers,
the number of providers and the associated burden of coordination of services across
multiple providers is, in my view, not adequately addressed in Victoria. In my view this is
an avoidable impediment to both the quality and continuity of care provided to people
who move through custodial settings in Victoria.

Quality and accessibility of mental health service provision in public and private
prisons

30 It is not possible for me to comment on the differences in quality and accessibility of
mental health services in Victoria’s public and private prisons because of the lack of
publicly available data. I consider it problematic that the data required to answer this
important question are not publicly available.

31 The Survey (referred to above at paragraph 23) was precipitated by a recognition that
existing data on prison mental health services were inadequate. A previous iteration of
the AIHW’s ‘Health of Prisoners in Australia’ report included estimates of mental health
services in prisons, however some jurisdictions (including Victoria) expressed concerns
about the quality of those data. One explicit aim of the project that led to the report was
to develop a feasible, replicable system for collecting and reporting on prison mental
health services across the country. It is, in my view, regrettable that Victoria has
uniquely elected not to participate in this national initiative.

Justice Health and access to mental health services

Adequacy of current Justice Health arrangements for governance, contracting,
delivery and oversight of mental health services in correctional settings

32 The governance of mental health services in correctional settings appears distinctly
sub-optimal in Victoria. This is not intended as a criticism of service providers, as I know
that there are many exceptional people and organisations working in the sector.
Generally, it seems to me that the mental health of people in correctional settings is not given sufficient priority.

Since 2013, the WHO has advocated that health services (including mental health services) in custodial settings should be delivered by the government department responsible for health, rather than the department responsible for justice.\(^{18}\) There are two key reasons for this. The first relates to role conflict: healthcare providers employed (directly or indirectly, through subcontracting arrangements) by a Ministry of Justice may experience challenges in prioritising their client/patient's health, when they are ultimately accountable to an entity that has a punitive function, and prioritises the 'security and good order' of prison facilities. Second, delivering prison healthcare through a Ministry of Justice is an avoidable impediment to continuity of care, because patients must transition between health systems (in the community, funded by and delivered through a Ministry of Health) every time they transition into or out of a custodial setting. Although there is currently quite limited empirical evidence to inform prison healthcare governance models,\(^{19}\) there is growing international consensus that the WHO governance framework is likely optimal. If Victoria were to transition prison healthcare to the Department of Health and Human Services (DHHS), this would provide a rare opportunity for formal evaluation. The findings of such an evaluation would be of interest nationally and internationally.

Currently, Victoria is one of two Australian jurisdictions that provides prison health services through its department responsible for justice. The other jurisdiction is Western Australia, which in recent years has been reviewing possibilities for the potential transfer of prison and detention health responsibilities to its Department of Health and Mental Health Commission.\(^{20}\) Victoria is going against an international trend that is informed by the evidence, and consistent with well-established human rights principles.

The fact that Victoria continues to provide health services through the Department of Justice and Community Safety (DJCS) is in my view problematic because the DJCS's mandate is focussed on punishment, rehabilitation, and the reduction of offending. Although DJCS is currently (through Justice Health and its numerous subcontracts) responsible for prison and youth detention healthcare, optimising the long-term health of its 'clients' is not part of its core mandate. Furthermore, despite a huge body of

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evidence documenting poor health outcomes after release from prison and youth detention, DJCS does not have a mandate (or funding) to care for the health of people released from custody. As such, these extremely vulnerable and often deeply traumatised people often ‘fall through the cracks’ between large, poorly coordinated government departments. This is particularly concerning for young people held in settings managed by the DJCS Youth Justice Service: these young people often experience entrenched disadvantage, trauma, out of home care, acquired brain injuries, mental health and substance use problems, and language and learning difficulties. While the DJCS may have an obligation to address offending behaviours, an appropriate government response must also address their unmet health and social needs, irrespective of any potential reduction in offending.

The transfer of responsibility for youth detention from the DHHS to the DJCS is troubling for similar reasons. It is in my view deeply regressive and consistent with a punitive ‘law and order’ approach to vulnerable young people. This is inconsistent with human rights principles and is, the available evidence would suggest, harmful to vulnerable young Victorians.

I am doubtful that the culture of the DJCS can be changed, even in the long-term, to provide an optimal custodial health service. This is not intended as a criticism of staff working in DJCS, but rather of the structure within which youth justice operates. The DJCS is by definition focussed on justice and ‘community safety’ (narrowly defined in terms of custodial and community orders, and ‘offender rehabilitation’). Shifting responsibility for providing custodial health services to a department whose sole mandate is to optimise the health and wellbeing of all Victorians is, in my view, clearly the preferable approach.

**Services available in correctional settings for people presenting with mild or moderate mental illness**

The question of what services in Victorian correctional settings are available for people with mild or moderate mental illness should be a simple one to answer. However, I am unable to provide an answer because Justice Health has been unwilling to provide access to data about the mental health services available in correctional settings.

**Access to mental health services and mental health service delivery for male and female cohorts in correctional settings**

Recent work undertaken in Queensland has shown very high rates of mental illness among Indigenous people in custody, and commensurate need for culturally capable mental health services in these settings. Rates of co-occurring substance use disorder and mental illness are high, and Indigenous women in particular exhibit very high rates
of Post-Traumatic Stress Disorder (PTSD), underpinned by extensive experiences of significant trauma. Rates of trauma are also high among detained youth. Accordingly, there is a clear need for system-wide, trauma-informed responses to the needs of incarcerated people, particularly women and young people.21

Access to Medicare subsidised services and PBS subsided medicines in correctional settings

Section 19(2) of the Health and Insurance Act 1973 (Cth) (the Act) precludes the payment of a Medicare benefit or Pharmaceutical Benefits Scheme (PBS) subsidy where other funding is provided for that service. Although the Act defines a ‘service’ at the level of a Medicare Benefit Schedule (MBS) item number, there is a pervasive misunderstanding in the sector whereby it is assumed that since the states and territories provide a ‘health service’ in custody, there is no scope for claiming Medicare or PBS subsidies. Currently, the exclusion has the effect of precluding Medicare and PBS subsidies from being paid for any health service provided in custody. The Federal Health Minister has the authority to grant an exemption from that exclusion under section 19(2), and this authority has previously been exercised in instances of demonstrable inequity. To my knowledge, two sets of exemptions have been granted: one for Aboriginal Community Controlled Health Organisations (ACCHOs), and the other for rural and remote primary health care services.22

I believe there is a lack of political will at the Commonwealth level to provide an exemption for health services provided in correctional settings. The federal government may also be reluctant to assume additional health care costs (even if they are very modest in the context of the federal health budget), particularly for a population that is seen to be politically unpalatable, and that is currently perceived as being ‘the State’s problem’. This is despite there being a strong argument that demonstrable inequity in the provision of health care to this population could be reduced by providing an

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exemption. Given the dramatic over-representation of Indigenous people in prison and youth detention settings, an end to this discriminatory exclusion would also assist governments to achieve the Closing the Gap targets.23

42 The two most obvious gaps in health service delivery in prisons and youth detention centres correspond to items that are funded on the MBS. The first is the annual health check for Aboriginal and Torres Strait Islander Australians (MBS item 715). These checks are crucial to ensuring continuity of care, and the fact that ACCHOs cannot access these MBS rebates to support in-reach into prisons and youth detention settings to perform these checks is a problem that the Commonwealth government could solve through granting an exemption.

43 The second gap relates to mental health services in prisons – the existence of this gap nationally was confirmed in the 2016 Survey. I suspect that this gap also exists in youth detention settings, but data are needed to confirm this. AIHW data indicate that there may also be a particular gap in the provision of therapeutic mental health services (‘talk therapy’), with correctional mental health services being strongly oriented towards the dispensing of psychotropic medication.24 In essence, whereas anyone in the community in Australia with a Medicare card can access federally-subsidised mental health care, people in prison and youth detention – where the prevalence of mental illness is much higher – are uniquely excluded. This regressive and harmful set of circumstances could be rectified, at very modest cost to the Commonwealth, through the granting of an exemption under section 19(2).

44 The separation of prison and detention settings from Medicare and PBS arrangements is symptomatic of the broader structural disconnect of justice settings from population level mental health policy making. Systematically including justice settings and justice-involved people within population-level national mental health policies would provide the tools to bridge the evident gaps in justice mental health services when compared to mental health services more generally. In particular, there would be benefits from including justice mental health settings within Australia’s population level mental health planning, outcomes measures, standards, safety and quality initiatives, data collection efforts, workforce planning, and lived experience engagement.25


Comorbid alcohol and other drug (AOD) issues and mental illness

The treatment and support needs of people with comorbid AOD issues and mental illness in Victorian correctional settings

45 Again, there is a lack of publicly available data about the number and types of AOD services provided in Victorian correctional settings. I believe it would assist the Royal Commission’s inquiry if it could obtain these data from Justice Health.

46 I am aware that Forensicare provides mental health services for people with serious and persistent mental illness. It is my understanding that fewer public resources are allocated to the treatment of comorbid AOD issues and higher prevalence mental health disorders such as anxiety and depression. Given the inadequate funding for mental health services in custodial settings, compounded by the fact that people in these settings are excluded from Medicare-subsidised mental health care, it appears that services have understandably been focussed on the most acute cases.

47 A key problem in the provision of comorbid health care in correctional settings (both in Victoria and elsewhere) is the coordination of AOD and mental health services. We know that most people in prison with a mental health problem also have a substance use problem, and that there are many more people with co-occurring disorders than there are with one disorder alone. We also know that people with comorbid mental health and AOD problems fare worse than people who do not have a dual diagnosis in almost every way: whether it be reoffending, mortality, injury, self-harm or overdose, they are the most at-risk group.

48 The structural separation of AOD and mental health services is at odds with their high rate of co-occurrence in justice-involved populations, and creates avoidable coordination challenges between the different services. Dedicated funding for dual diagnosis services and workers is needed to overcome these issues.

49 The problem of coordinating AOD and mental health services is not unique to Victoria. However, we do not presently have the data to assess how well Victoria’s criminal


justice system is addressing the problem. This lack of information is, in itself, an avoidable problem.

Dual disability, cognitive impairment and mental health

*Management of the treatment and support needs of people with cognitive impairment or intellectual disability and mental illness in Victorian correctional settings*

50 We do not have robust estimates of the prevalence of cognitive impairment in the Victorian prison or youth justice system.

51 One of the regrettable missed opportunities of incarceration is the identification of unmet health needs, including intellectual disability or other forms of cognitive impairment. Although there is a high prevalence of these conditions in people churning through Victorian correctional settings, I am not aware of any sufficiently structured or routine process for screening or assessment. Our research has shown that people in prison with an intellectual disability are at increased risk of comorbid physical and mental health problems,28 and that those with evidence of cognitive impairment (particularly when it has not been diagnosed) exhibit reduced ‘patient activation’ (i.e., reduced capacity and motivation to participate in managing their healthcare) after release from prison.29

Transitions

52 Two key principles for providing optimal care for people in prison are coordination and continuity. These principles are also important to ensuring effective transitions between services, as well as between correctional settings and to and from the community.

53 Coordination between service providers is needed because of the high prevalence of co-occurring health problems. Placing the responsibility of transitioning care in the hands of one agency is likely problematic because there is a need for coordination of care across multiple services. Expecting underfunded NGOs to coordinate that care without dedicated funding for this task, seems unrealistic to me.

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Continuity is required because the evidence shows us that every time a person moves between health systems, there is a risk of their health deteriorating. We can improve health outcomes by making transitions between systems smoother, or avoiding any transition in the first place.

If Victoria was to deliver health services, including mental health services, through the DHHS rather than the DJCS, the challenges associated with transitions between different health services and health information systems would be reduced to the transition between physical settings.

Work from New South Wales has shown that people with serious mental illness are at a markedly increased risk of suicide after release from prison. We also know that people released from prison and youth detention are at a very dramatically increased risk of suicide and self-harm. This evidence indicates that transitions from custody to community often go poorly.

Improved informational continuity from community to justice settings and from justice to community settings will allow us to better identify people’s needs and potentially mitigate risks. This might be done by:

(a) Facilitating easier access by community-based GPs to discharge summaries. It is my understanding that the current process for obtaining a discharge summary is onerous and not feasible for bulk-billing GPs who are not compensated for

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the work required. In my view, improving this process would be a comparatively simple way to improve the flow of health information between services.

(b) Expanding routine access to state-wide healthcare data. This would overcome the problem of people not disclosing important health risks at reception into custody. Our work has shown that people in prison markedly under-report self-harm history and overdose history, and that better ascertainment of these histories would improve identification of those at risk of future self-harm and/or overdose after release from prison.34

Routine collection and reporting of data on health outcomes for people released from prison and youth detention in Victoria would assist in making the case for increased investment in transitional care. Research by my group and other researchers in Australia and internationally has consistently documented poor health outcomes for people released from custody,35 yet I am aware of comparatively little research on these issues in Victoria, and no mechanism for routinely monitoring and reporting on these outcomes. It should be possible, for example, to routinely report on the number of deaths after release from prison in Victoria, through routine linkage of correctional records with death records. We estimate that the number of deaths within a year of release from prison is around 10 times the number each year in custody.36

Correctional services in the community

People who have contact with the criminal justice system but do not experience incarceration also typically have significant unmet health needs. For example, our work in Victoria has shown that the burden of mental health and substance use problems among young people under youth justice supervision is concentrated among those under community supervision – this is because only a minority of justice-involved young people are in detention at any one time. The implication of this is that efforts to

improve the health of people who have contact with the criminal justice system should not be restricted to those in custody.

Research and knowledge transfer in prison mental health

Facilitating research and knowledge transfer in relation to correctional and forensic mental health treatment and mental health outcomes

60 It is of course appropriate for government departments and bodies to commission research and service evaluations. However, independent research is also important for at least two reasons: (1) investigator-initiated research may identify and find solutions to problems that governments are either unaware of (and thus not prioritising), or do not wish to draw attention to; and (2) commissioned evaluations and research are typically subject to influence, control, and sometimes censoring by the commissioning agency. It is thus possible for unwanted findings to be ‘buried’, and for the veracity with which findings are reported to be influenced by political considerations.

61 Research using linked data is a critical tool for improving health and correctional systems. Data linkage studies, for example, would allow us to answer: how many people released from prisons in Victoria die by suicide in the year after being released from prison; and how many people in Victoria engage in self-harm that results in an Emergency Department presentation in the year after being released from prison? Right now, we have no idea of the answers to these questions, which are essential to informing targeted suicide-prevention and reducing self-harm.

62 Data linkage studies can also help us to identify unmet health needs in people who have left correctional settings. The rates of presentation to acute and tertiary health services after release from prison are extraordinarily high, and this is very costly for the health system. Linked government data, independently analysed and published, would help identify populations at risk and provide evidence to support a business case to increase investment in services and through-care.

The optimal approach to systematic data linkage and oversight

63 Corrections Victoria has, in my view, been reluctant to permit and support independent research. In my view, this is unhelpful, unnecessary and borne out of an excessive degree of caution. Basic information identifying people in correctional settings is

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required for data linkage studies, but has proved difficult to obtain in Victoria. This is despite the fact that obtaining data for data linkage studies does not require researchers to interact with people in correctional settings. As a result, there has been a distinct lack of data linkage studies in Victoria.  

There are various models for facilitating and providing oversight of data linkage studies. There are also differing views about which model is optimal, but in practice there are multiple demonstrably effective and safe models for supporting data linkage outside of government.

However, in my opinion it is not optimal that every request for data linkage involving justice data must be made to the Corrections Victoria Research Committee. This introduces a political filter to the model, and also allows the body responsible for corrections services to prevent scrutiny of matters that it considers sensitive. Independent scrutiny of data linkage requests, with approval determined against publicly available criteria, is required.

This is not to say that requests for data should not be scrutinised on appropriate ethical grounds. An appropriate body to assess requests could be the DJCS Justice Human Research Ethics Committee (JHREC). The JHREC's function is to conduct ethical reviews of research and evaluations. JHREC is registered with the National Health and Medical Research Council and must adhere to the National Statement on Ethical Conduct in Human Research.

Other models for oversight of data requests have devolved governance to an independent and whole-of-government data linkage authority. Individual government departments will then delegate authority over their data (usually within certain parameters) to this authority, so that data from multiple sources can be obtained from one source, conditional on appropriate scrutiny and approvals. This model reduces the risk of political interference, reduces the burden on individual departments, and facilitates appropriate and ethical independent research. In my view, this is a model that should be considered for Victoria.

Work should be undertaken to analyse how many studies in Australia over the past ten years by jurisdiction have linked justice data with health data. My preliminary view is that this work would show that Queensland, Western Australia, New South Wales are leading Australia in the number of studies completed and (critically) published.

I am a member of JHREC.
Innovation

Reforms needed to improve the interaction of, and outcomes for, young people and adults living with mental illness with the justice system

Consumer input is essential to improving the provision of mental health services in the criminal justice system. It is notable that we have a very powerful movement for consumer led policy and responses in the mental health sector, except where those mental health consumers happen to be incarcerated, and those consumers are characterised as “offenders”. The process of empowering consumers in forensic settings would benefit greatly from independent funding and oversight.

Improving the cultural capability of custodial mental health services is also critically important. Work undertaken in Queensland prisons has documented very high rates of mental illness and co-occurring substance use disorder among incarcerated Indigenous people, and the evidence suggests selective under-ascertainment of mental illness among incarcerated Indigenous people, when mental health services are not perceived to be culturally safe. Queensland has developed a culturally capable prison mental health service (the Indigenous Mental Health Intervention Program, IMHIP), and work is now underway to develop a similar model in youth detention settings.

Government-funded randomised trials of transitional support programs for people with mental illness released from prison are essential to reform. There also needs to be a commitment to the unrestricted and public dissemination of findings. A recent global systematic review of randomised trials to improve health outcomes for people in prison identified only 95 studies ever, globally. Only 42 of these measured a health outcome after release from prison. Despite the very poor health outcomes among people

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42 I am involved in the work to develop and evaluate the youth justice version of this model – known as IMHIP Youth.
released from prison and youth detention, rigorous evaluation of interventions to improve these outcomes is very scarce.\textsuperscript{44}

\begin{flushright}
\textbf{sign here} \\
\textbf{print name} Professor Stuart Kinner \\
\textbf{date} 21/07/20
\end{flushright}

\textsuperscript{44} Kinner, S. A., Burford, B. J., van Dooren, K., Gill, C., & Gallagher, C., ‘Service brokerage interventions to improve health outcomes in ex-prisoners’ (2013) Cochrane Database of Systematic Reviews (2 2013).
ATTACHMENT SK-1

This is the attachment marked 'SK-1' referred to in the witness statement of Stuart Kinner dated 21 July 2020.
**SYNOPSIS**
Professor Stuart Kinner is an NHMRC Senior Research Fellow and leads a program of research on the health of marginalised and justice-involved people. His work is distinguished by methodological rigour, ethical research practice, and meaningful research translation. He is experienced in longitudinal studies, multi-sectoral data linkage, randomised controlled trials, program evaluation, policy analysis, systematic review, and meta-analysis. He has produced >250 publications and attracted >$26 million in research and consulting funds, mostly from nationally competitive schemes. He regularly presents by invitation at national and international meetings. Stuart Chairs Australia's National Youth Justice Health Advisory Group, serves on the Steering Committee for the Worldwide Prison Health Research & Engagement Network, and Chairs the WHO Health in Prisons Programme Technical Expert Group.

**TERTIARY EDUCATION**
<table>
<thead>
<tr>
<th>Date</th>
<th>Institution</th>
<th>Course/Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feb 1999 - Apr 2004</td>
<td>University of Queensland, School of Psychology</td>
<td>Doctor of Philosophy</td>
</tr>
<tr>
<td>(deferred Feb 2000-Feb 2001)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feb 1992 - Dec 1995</td>
<td>University of Queensland, School of Psychology</td>
<td>Bachelor of Arts (Honours First Class)</td>
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</tbody>
</table>

**EMPLOYMENT HISTORY**

<table>
<thead>
<tr>
<th>Date</th>
<th>Institution</th>
<th>Position/Duties</th>
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<tbody>
<tr>
<td>Jan 2017 - present</td>
<td>CENTRE FOR ADOLESCENT HEALTH, MURDOCH CHILDREN'S RESEARCH INSTITUTE</td>
<td>Professor of Adolescent and Young Adult Health Equity; Group Leader, Justice Health</td>
</tr>
<tr>
<td>Apr 2015 - Dec 2016</td>
<td>GRIFFITH CRIMINOLOGY INSTITUTE &amp; MENZIES HEALTH INSTITUTE QUEENSLAND, GRIFFITH UNIVERSITY</td>
<td>Professor (with tenure) and Head, Justice Health Research Program</td>
</tr>
<tr>
<td>July 2012 - Mar 2015</td>
<td>MELBOURNE SCHOOL OF POPULATION AND GLOBAL HEALTH, UNIVERSITY OF MELBOURNE</td>
<td>NHMRC Senior Research Fellow and Head, Justice Health Research</td>
</tr>
<tr>
<td>Jan 2009 - June 2012</td>
<td>CENTRE FOR POPULATION HEALTH, BURNET INSTITUTE</td>
<td>Head, Justice Health Research; Principal for Young People's Health</td>
</tr>
<tr>
<td>May 2003 - Dec 2008</td>
<td>SCHOOL OF POPULATION HEALTH, UNIVERSITY OF QUEENSLAND</td>
<td>Deputy Director (Research), Queensland Alcohol and Drug Research and Education Centre (2008); Postdoctoral Research Fellow (2006-2007); Lecturer (2003-2005)</td>
</tr>
<tr>
<td>June 2002 - Feb 2003</td>
<td>SCHOOL OF POPULATION HEALTH, UNIVERSITY OF QUEENSLAND</td>
<td>Senior Research Officer, Queensland Alcohol &amp; Drug Research and Education Centre</td>
</tr>
<tr>
<td>Feb 2000 - Feb 2001</td>
<td>QUEENSLAND CRIME COMMISSION</td>
<td>Intelligence Analyst</td>
</tr>
</tbody>
</table>
Peer-reviewed papers

Under review
1. Kinner SA & Borschmann R (under review). Social determinants of health cannot be usefully reduced to a risk score.

Published and in press


**Books**


**Book chapters**


**Scientific reports**


Published Conference Proceedings


Other publications


240. Young JT, Snow K, Southalan L, Borschmann R & Kinner SA (2019). The role of incarceratiion in addressing inequalities for...


244. Homel, Kinner & Wallis (2016). Submission to an Enquiry by the National Children's Commissioner on the Optional Protocol to the Convention Against Torture (OPCAT) in the Context of Youth Justice Detention Centres. Brisbane: Griffith University.


RESEARCH GRANTS & COMPETITIVE TENDERS

<table>
<thead>
<tr>
<th>Investigators</th>
<th>Year(s)</th>
<th>Title</th>
<th>Funding</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Heffernan, Williams, Hardin, Scott, Watson, Staths, Kinner, Meurk, Steele, Pratt</td>
<td>2020-2022</td>
<td>IHMHP-Youth: A multi-disciplinary collaboration to embed and evaluate a model of social and emotional wellbeing care for Indigenous adolescents who experience detention</td>
<td>MRFF Indigenous health grants</td>
<td>$1,988,280</td>
</tr>
<tr>
<td>Kinner, Block, Rose, Borschmann, Young, Snow, Ferrera, Southallan, Pearce, Keen, Willoughby, Janca &amp; Valsey</td>
<td>2020</td>
<td>Responding to COVID-19 in custodial settings: A rapid review and knowledge translation</td>
<td>Centre for Health Equity, University of Melbourne</td>
<td>$9,000</td>
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<tr>
<td>Kinner, Young, Keen, Staunwhite &amp; Xavier</td>
<td>2019-2020</td>
<td>Preventing drug overdose in young people: A multi-sectoral data linkage study</td>
<td>MCRI Theme Funding</td>
<td>$26,953</td>
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<tr>
<td>Kinner, Young, Keen, Staunwhite &amp; Xavier</td>
<td>2019-2020</td>
<td>Age and sex differences in deaths among people released from prison: a multi-national, individual multi-sectoral data linkage study</td>
<td>MCRI Theme Funding</td>
<td>$18,940</td>
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<tr>
<td>Authors</td>
<td>Year</td>
<td>Title of Project</td>
<td>Description</td>
<td>Funding Agency</td>
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<td>---------</td>
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</tr>
<tr>
<td>Borschmann, Snow, Young, Southalan &amp; Kinner</td>
<td>2019</td>
<td>participant data meta-analysis</td>
<td>Estimating avoidable healthcare costs after release from prison: an economic analysis</td>
<td>Melbourne School of Population and Global Health BIP</td>
</tr>
<tr>
<td>Young, Kinner &amp; Willoughby</td>
<td>2019</td>
<td>Inequalities and inequities experienced by people with mental health and substance use issues involved in the criminal justice system</td>
<td></td>
<td>Victorian Alcohol and Drug Association</td>
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<tr>
<td>Preen, Segel, Kinner, Dawe, Spittal &amp; Dennison</td>
<td>2019-2021</td>
<td>Improving social and economic outcomes for children of incarcerated mothers</td>
<td></td>
<td>ARC Discovery</td>
</tr>
<tr>
<td>Kinner, Southalan, Heffernan, Borschmann, Meurk &amp; Waterson</td>
<td>2018-2019</td>
<td>Mapping the scope, structure and adequacy of the forensic mental health ecosystem in Australia: A national audit</td>
<td></td>
<td>National Mental Health Commission</td>
</tr>
<tr>
<td>Kinner, Borschmann, Fazel &amp; Sawyer</td>
<td>2019-2023</td>
<td>Health service utilisation and preventable mortality in justice-involved young people: A national, retrospective data linkage study</td>
<td></td>
<td>NHMRC Project Grant</td>
</tr>
<tr>
<td>Hamilton, Eden, Reper, Loughnan &amp; Kinner</td>
<td>2018-2019</td>
<td>Is zero-tolerance to violence a zero-sum game? Perceptions of dangerousness and issues of equity in mental health settings</td>
<td></td>
<td>Melbourne Social Equity Institute, Interdisciplinary Seed Funding</td>
</tr>
<tr>
<td>Kinner, Southalan, Janca, Borschmann, Hughes, Williams, Nowak, Yoanes &amp; Krishan</td>
<td>2018-2019</td>
<td>The UN Global Study on Children Deprived of Liberty: Putting the health of vulnerable children and adolescents on the global development agenda</td>
<td></td>
<td>MCRI Theme Funding</td>
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<tr>
<td>Borschmann, Kinner &amp; Young</td>
<td>2018-2019</td>
<td>Mortality in young people within 12 months after release from prison: a multi-national, individual participant data meta-analysis of &gt;2 million releases</td>
<td></td>
<td>MCRI Theme Funding</td>
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<tr>
<td>Lawrence, Young, Grocott &amp; Kinner</td>
<td>2018-2019</td>
<td>The Australian Arm of the International Cohort Study of ADHD and Substance Use Disorders International Visiting Research Scholar (UBC, Vancouver)</td>
<td></td>
<td>John Reid Charitable Trusts</td>
</tr>
<tr>
<td>Kinner, Howard, Ali &amp; Young</td>
<td>2017-2018</td>
<td>Prevalence of alcohol, tobacco and other drug use among young people in Pacific Island Countries and Territories (PICTs): Systematic review and meta-analysis</td>
<td></td>
<td>Peter Wall Institute for Advanced Studies</td>
</tr>
<tr>
<td>Arabelia, Huebner, Brown, Lovett, Hermes, Eastad, Harrison &amp; Kinner</td>
<td>2017-2018</td>
<td>The Microbiome Story: Understanding the role of microbiome in narrating intergenerational health and wellbeing among Aboriginal and Torres Strait Islander families</td>
<td></td>
<td>Lowitja Institute CRC</td>
</tr>
<tr>
<td>Borschmann, Kinner, Carey, Leckning &amp; Robinson</td>
<td>2017-2018</td>
<td>Understanding the links between self-harm, substance use, and poor mental health in children and adolescents admitted to hospital in the Northern Territory</td>
<td></td>
<td>MCRI Theme Funding</td>
</tr>
<tr>
<td>Kinner, Borschmann, Young, Segal, Mejia &amp; Malvaso</td>
<td>2017-2018</td>
<td>Patterns of emergency department presentation in young people exposed to the child protection system: A whole population data linkage study</td>
<td></td>
<td>MCRI Theme Funding</td>
</tr>
<tr>
<td>Kinner, Young, Segan, Puljevic &amp; Lloyd</td>
<td>2017-2019</td>
<td>Maintaining tobacco abstinence among people leaving smoke-free prisons in Victoria: A pilot randomised controlled trial</td>
<td></td>
<td>VicHealth Innovation Research Grant</td>
</tr>
<tr>
<td>Crilly, Kinner, Fitzgerald, Heffernan &amp; Wallis</td>
<td>2017-2019</td>
<td>Improving outcomes for people with acute mental illness in the emergency department: a data linkage study</td>
<td></td>
<td>NHMRC Project Grant</td>
</tr>
<tr>
<td>Borschmann, Kinner, Spittal, Pirkin, Preen, Larney &amp; Rosen</td>
<td>2017-2020</td>
<td>Preventing mortality in adults after release from prison: Advancing global knowledge through an international, individual participant data meta-analysis</td>
<td></td>
<td>NHMRC Project Grant</td>
</tr>
<tr>
<td>Dolan, Kinner, Hopkins, Stockings, Courtney, Stakeshaft, Petrie &amp; Dobbins</td>
<td>2017-2018</td>
<td>A randomised controlled study of the Health Intervention &quot;SNAP&quot; in Northern Territory prisons-where smoking is banned- to prevent relapse to smoking after release from prison</td>
<td></td>
<td>Australian Government Department of Health - Tackling Indigenous Smoking Innovation Grants</td>
</tr>
<tr>
<td>Kinner, Fazel, Sawyer, Patton &amp; Borschmann</td>
<td>2016-2017</td>
<td>The health of young people involved in the youth justice system: A global scoping review</td>
<td></td>
<td>MCRI Theme Funding</td>
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<tr>
<td>Borschmann, Kinner, Lloyd &amp; Smith</td>
<td>2016-2017</td>
<td>Preventing mortality in adults after release from prison</td>
<td></td>
<td>MCRI Theme Funding</td>
</tr>
</tbody>
</table>
CV – Professor Stuart A. Kinner

July 2020

Borschmann, Kinner, Sawyer & Patton
2016
MCRI Visiting Fellowship Scheme
(Professor Linda Teplin)
MCRI Theme
$5,000

Kinner, Young, Borschmann & Kelaher
2016
2016 ACT Inmate Health Survey
ACT Health
$85,030

Kinner & Carter
2015-2016
Reducing preventable deaths among justice-involved people in the Pacific: Ground work for a multi-nation data linkage study in the Pacific
GCI Strategic Funding
$3,770

Kinner, Borschmann, Clough, Sawyer, Spittal, Miller & Cadet-James
2016-2019
Deaths in young people involved in the youth justice system: towards evidence-based prevention
NHMRC Project Grant
$620,705

Wong, Kinner & Hall
2015
Evaluating the effectiveness and cost-effectiveness of using nurse practitioners to improve the physical and mental health of prisoners
UQ MHS Intra-Faculty Collaborative Workshop Grant
MCRI Theme Funding
$20,000

Kinner, Patton, Sawyer, Kinner & Reilly
2015-2016
Self harm and suicide in youth offenders: A global systematic review
Asthma Australia
$95,000

Forsyth, Kinner & Aliati
2015-2016
Understanding asthma-related morbidity in ex-prisoners
NHMRC Research Fellowship
$688,645

Kinner, Clark & Avery
2014
Modelling the economic costs of implementing a magistrates based determination of fitness to stand trial and mental impairment
Victorian Law Reform Commission
$94,465

Brophy, Fletcher, Kinner & Hamilton
2014
Review of locked wards in Queensland
OLD Mental Health Commission
$390,000

Kinner, Spittal, Taxman & Hallings
2014-2017
Identifying novel, health-related predictors of recidivism: informing evidence-based throughcare
NHMRC Project Grant
$320,372

Graves & Kinner
2014-2016
The cost effectiveness of improving health and reducing offending among recently released prisoners in Australia
UWA-UQ Bilateral Research Collaboration Award (BRCA)
$17,000

Young, Lennox, van Dooren, Preen, Arnold-Reed, Kinner & Bulsara
2014
Health service utilisation in Indigenous and non-Indigenous people in the first two years after release from prison
NHMRC Centre for Research Excellence
$2,494,581

Butler, Lloyd, Schofield, Ward, Mitchell, Greenberg, Guthrie, Kalder, Dean, Chambers (CIs);
2014-2018
The Australian Centre for Research Excellence in Offender Health
National Mental Health Commission
$558,748

Kinner et al (22 Abs)
2013-2014
Reduction of seclusion and restraint in mental health care
National Priority Group for Research on Mental Health
$255,866

McSherry, Clinton, Harvey, Kinner, Hamilton, Brophy, Roper, Kampf, Gooding & Wilson
2013-2014
Strong Futures - improving the understanding and treatment of Post Traumatic Stress Disorder among incarcerated Aboriginal and Torres Strait Islander women
National Mental Health Reform Commission
$18,200

Heffernan, Anderson, Kinner, Aboud, Ober & Scoultby
2012-2013
The University of Melbourne MDHS Faculty Fellowship Support Scheme
NHMRC Project Grant
$35,000

Levy, Kinner, Sacks-Davis, Hallard & Doyle
2013-2014
Incident hepatitis C cases detected through a custodial HCV treatment program
University of Melbourne CREIDEU seed funding
$35,000

Patton, Kinner, Hearps, Degenhardt, Sawyer, Coffey, Garner & Romanuk
2012
The health needs of youth offenders: Investing in data linkage
BeyondBlue
$21,340

Kinner & Winter
2011-2012
Building leadership in justice health research and policy in Fiji
AuRAID AIA
$154,429

Stoove, Kinner, Butler, Atken, Oogloff & Dietze
2012-2016
A prospective cohort study of ex-prisoners with a history of injecting drug use
NHMRC Project Grant
$1,084,064

Hellard, Stoove, Kinner, Winter, McBride & Kirwan
2011-2012
Evaluation of condom distribution trial in Victorian prisons
Goldman Sachs Foundation
$15,000

Degenhardt, Kinner & Patton
2011-2012
Risk factors for mortality among juvenile offenders: A record linkage study
NHMRC CDA Level 1
$391,075

Kinner
2011-2014
Monitoring and improving the health of ex-prisoners
NHMRC Centre for Research Excellence
$2,485,060

Kinner, Preen, Lennox, Butler, Power, Ober & Ware
2011-2016
Improving the health of Indigenous and non-Indigenous ex-prisoners
Dept of Justice Victoria
$248,561

Sheehan, Stoove, Trotter, Segrove, Kinner, Carlton, Flynn & Naylor
2011-2012
Post-release survey of women exiting prison in Victoria
NHMRC Project Grant
$1,447,978

Hellard, Dietze, Ritter, Lubman, Kinner, Williams, Dore, Maher, Moore & Power
2010-2014
Reducing the health, social and economic burden of injecting drug use in Australia
NHMRC Centre for Research Excellence
$125,000

Kinner, Winter & Kwarteng
2010-2012
Monitoring HIV, risk behaviour and health service
access among prisoners and ex-prisoners in Fiji and STI Response Fund

DHS Victoria $70,700

Monitoring substance use and risk behaviour at Schoolsies week, Victoria

NHMRC Travelling Award $12,500

Monitoring and improving the health of ex-prisoners

NHMRC Capacity Building Grant $2,424,475

From Broome to Bermain: Building Australia-wide research capacity in Indigenous offender health and health care delivery

NHMRC Building Grant $2,424,475

Illicit Drug Reporting System (IDRS) and Ecstasy and Related Drugs Reporting System (EDRS) - Queensland arm

NDARC $132,705

Youth at risk (YAR) drug monitoring pilot project

QLD Health $36,000

Passports to advantage: Health and capacity building as a basis for social integration

NHMRC Strategic Award $1,835,817

Investigating Mortality Among Ex-Prisoners in Queensland: A Data Linkage Study

NHMRC Project Grant $464,927

Monitoring the health & well-being of ex-prisoners in Australia - a longitudinal data linkage study

NHMRC Postdoc. $283,838

Monitoring the health & well-being of ex-prisoners in Australia - a longitudinal data linkage study

NHMRC Postdoc. $283,838

Monitoring and improving the health of ex-prisoners

NHMRC Capacity Building Grant $2,424,475

Illicit Drug Reporting System (IDRS) and Ecstasy and Related Drugs Reporting System (EDRS) - Queensland arm

NDARC $132,705

Post-Release Experience of Prisoners in Australia

Uni of Qld $2,000

Illicit Drug Reporting System (IDRS) and Ecstasy and Related Drugs Reporting System (EDRS) - Queensland arm

NDARC $86,382

Post-Release Experience of Prisoners in Queensland

NDLERT $54,000

Patterns of Substance Use, Overdose and Recidivism Among Recently Released Prisoners in Queensland

CRC $87,075

The Development of Methodologies to Study MDMA (Ecstasy) Markets (RFT 04/03)

NDLERT $24,463

The burden of alcohol, drug and mental health problems in emergency departments: Development of a national early warning system

Uni of Qld $2,000

Australian Postgraduate Research Travel Award

Aust. Govt. $5,000

TOTAL $26,154,299

CONFERENCE AND SEMINAR PRESENTATIONS

* indicates named author but not presenting

Forthcoming


Invited presentations


25. Kinner. The role of good mental health and mental health services in achieving a positive transition from prison to community. 2015 Queensland Forensic Mental Health Forum. Brisbane, 5 June 2015.


53. **Kinner**: Just when you least expect it: Life after the PhD (keynote speaker). School of Population Health, University of Queensland, Research Higher Degree Conference, Brisbane, 10 November 2006.


**Other conference presentations**


68. **Kinner, Preen, Young, Cumming & Borschmann. Combining cross-sectoral, prospective data linkage with other data sources to examine health outcomes for socially excluded populations: A case study from Australia. International Population Data Linkage Network Annual Conference, Banff, Canada, 11-14 Sep 2018.


73. **Kinner, Clugston, Davidson, Perrin & Heffernan. Mapping the scope and character of prison mental health services in Australia: A national benchmarking project. RANZCP Faculty of Forensic Psychiatry Conference, Vancouver, 30 Aug – 1 Sep 2017.


75. **Kinner, Borschmann, Cumming & Young. Complex health-related needs after release from prison: Making the case for care coordination (Symposium). RANZCP Faculty of Forensic Psychiatry Conference, Vancouver, 30 Aug – 1 Sep 2017.

76. **Kinner, Preen, Young, Ware, Butler, Alati, Boyle & Lennox. Establishing a large, prospective cohort of ex-prisoners in Australia: Lessons learned and opportunities. 15th World Congress on Public Health, Melbourne, 3-7 April 2017.


100. *Winter, Stoove, Saxton & Kinner. The prevalence and predictors of genital implants in a sample of prisoners in Fiji. 11th International Congress on AIDS in Asia and the Pacific (ICAAP), Bangkok, 18-22 Nov 2013.

101. *Winter, Kinner, Saxton & Stoove. Ethical considerations in HIV bio-behavioural research with vulnerable populations: a case study of HIV testing without the provision of test results to prisoners in Fiji. 11th International Congress on AIDS in Asia and the Pacific (ICAAP), Bangkok, 18-22 Nov 2013.


Conference posters
179. Saulo, Levy, Kinner, Hellow, Snow & Butler. Incident hepatitis C cases detected through a custodial HCV treatment program. 4th International Symposium on Hepatitis Care in Subtle Users, Sydney, 7-9 Oct 2015.

Invited seminars
199. Kinner, Young, Borschmann & Butler. Patterns of acute healthcare contact after release from prison: Findings from the Health After Release from Prison (HARP) cohort study. Centre for Forensic and Behavioural Science Seminar Series, Swinburne University, 1 Aug 2018.
220. Kinner. Monitoring and improving the health of people who have experienced incarceration: A critical public health challenge. Invited presentation within panel discussion: "Incarcerating Public Health: Challenges and Opportunities towards Enhancing Health Outcomes for People caught in the Criminal Justice System". Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA, 23rd March 2016.


229. Kinner. Understanding and preventing deaths in young people who have had contact with the youth justice system. Centre for Adolescent Health, Murdoch Childrens Research Institute, Melbourne, 26th March 2015.

230. Kinner. Where next for corrections research? Beyond the prison walls. School of Criminology and Criminal Justice, Griffith University, Brisbane, 9th December 2014.


236. Kinner. Critical consumption: Making the most (and avoiding the worst) of research. Centre for Research Excellence in Injecting Drug Use (CREIDU) Consuming Research Workshop, Burnet Institute, Melbourne, 12 Sep 2013.


238. Kinner. Building the evidence base to improve the health of prisoners and ex-prisoners: First steps on a long, bumpy road. School of Medicine Research in Progress series, Yale University, New Haven CT, 26 March 2013.


Targeted educational programs

1. I co-developed and co-delivered a one-day short course on *Prison Health Information Systems*, in partnership with the International Committee of the Red Cross (ICRC), through the University of Melbourne (2019-present).

2. I co-developed and co-delivered a one-day short course on *Introduction to Research Using Linked Data*, through the University of Melbourne (2018-present).

3. As Co-Chair of the Education Committee in the NHMRC-funded Centre for Research Excellence into Injecting Drug Use (CREIDU, 2010-2015), I developed and implemented a novel, targeted education program for PhD students, postdoctoral scholars and other stakeholders. Key activities included (a) a two-day workshop on communicating research findings to policy makers and media; (b) a national symposium on the nexus between injecting drug use and the justice system; (c) development of a regular 'research to practice' forum bringing together researchers and NGOs; (d) a one-day workshop on 'consuming research findings' to build capacity in the non-government sector; (e) a two-day workshop on mixed-methods longitudinal studies with vulnerable populations; and (f) a two-day workshop on evaluation methods for community-based organisations in the alcohol and other drug sector.

4. In 2012, with funding from an AusAID Australian Leadership Award (ALA), I led a team that developed and delivered a tailored, three-week training program for future research leaders from Fiji, covering the health of justice-involved populations, research methods and research translation.

Guest lectures

1. *On correctional and detention facilities*. Lecture in MOOC *Communicating COVID-19: Preparing clinicians to tackle challenging questions*. Faculty of Medicine, Dentistry and Health Sciences, University of Melbourne, 2020.


The Queensland Alcohol and Drug Research and Education Centre (QADREC) in the School of Population Health, University of
Thesis marking
Misuse and Dependence.
Minimisation and Policy Development.
are awarded a Graduate Certificate, Diploma or Masters in Addiction Studies. Between 2004 and 2008 I co-ordinated and taught
RHD AND POST-DOCTORAL SUPERVISION
CV - Professor Stuart A. Kinner
July 2020
5. Incarcerating public health: Opportunities to enhance public health through partnerships with criminal justice. Guest
lecture in Law Enforcement and Public Health, Master of Public Health course, University of Melbourne, Melbourne, 4 July
2018.
6. Incarcerating public health: Opportunities to enhance public health through partnerships with criminal justice. Guest
lecture in Law Enforcement and Public Health, Master of Public Health course, University of Melbourne, Melbourne, 29
June 2017.
7. Incarcerating public health: Opportunities to enhance public health through partnerships with criminal justice. Guest
lecture in Law Enforcement and Public Health, Master of Public Health course, University of Melbourne, Melbourne, 27
June 2016.
Public Health course, University of Melbourne, Melbourne, 22 August 2015.
National Drug Research Institute, Curtin University, Perth, 24 July 2015.
10. Randomised controlled trials: A case study in the prison setting: The Passports study. Guest tutorial in Epidemiology 3,
part of the Master of Public Health (MPh) course, University of Melbourne, 24 April 2015.
11. Drug use and related harm in prisoners and ex-prisoners: Epidemiology and policy responses. Guest lecture in Addiction
Policies, Prevention and Public Health course, part of Master of Addictive Behaviours, Monash University and Turning
Point Alcohol and Drug Centre, Melbourne, 12 August 2014. Available at https://www.youtube.com/watch?v=QEZ-
LVNn6O.
12. Reducing drug-related harm in prisoners and ex-prisoners: Epidemiology and responses. Guest lecture to UNAIDS-funded
delegation from Indian National AIDS Control Organisation (NACO), Nossal Institute, Melbourne, 14 May 2014.
13. Drugs, crime and prison: A public health perspective. Substance Misuse Prevention Master Class, Australian Institute of
Tropical Health and Medicine, James Cook University, Cairns (2013).
research and policy in Fiji. Burnet Institute, Melbourne (2012).
15. The global epidemiology of justice involved populations. AusAID Australian Leadership Award: Building capacity in justice
health research and policy in Fiji. Burnet Institute, Melbourne (2012).
Drugs and Society (MPh 5087), Burnet Institute in conjunction with Monash University, Melbourne (2012).
Users (MPh 505-960), Burnet Institute in conjunction with the University of Melbourne, Melbourne (2010).
18. Quantitative Research with prisoners and ex-prisoners: A researcher’s perspective. Master of Forensic Medicine, Monash
University, Melbourne (2010).
in Injecting Drug Users” (MPh 505-960), Burnet Institute in conjunction with the University of Melbourne, Melbourne
(2009).
20. Monitoring and improving the health of ex-prisoners: A randomised controlled trial. Graduate Diploma in Forensic
Behavioural Science program, Monash University, Centre for Forensic Behavioural Science, Melbourne (2009).
22. The post-release experience of prisoners: Gaps in evidence, gaps in service. Postgraduate public health course, University

Course co-ordination
The Queensland Alcohol and Drug Research and Education Centre (QADREC) in the School of Population Health, University of
Queensland, offers postgraduate distance-education courses in alcohol and other drug studies. Students enrolled in these courses
are awarded a Graduate Certificate, Diploma or Masters in Addiction Studies. Between 2004 and 2008 I co-ordinated and taught
into five courses (1) Fundamental Concepts in Addiction, (2) Alcohol and Drug Interventions, (3) Alcohol and Drug Harm
Minimisation and Policy Development, (4) Substance Use and Misuse in Special Populations, and (5) Counselling for Substance
Misuse and Dependence.

Thesis marking
• PhD UNSW (2017): Transmission and treatment of hepatitis C virus infection in people who inject drugs
• PhD Simon Fraser University (2017): Epidemiological and Experimental Evidence to Improve Antipsychotic Medication
Adherence Among Patients with Schizophrenia Who Are Homeless and Involved with The Criminal Justice System
• MPH UQ (2015): A TasP approach to the management of HCV in Australia: translating theory into practice in primary care
• PhD UNSW (2011): Opioid substitution treatment in prison and post-release: Effects on criminal recidivism and mortality
• PhD ANU (2008): Ecstasy use among a general community sample: Profiling users, mental health & cognitive performance
• PhD Deakin (2007): Readiness to change a problem behaviour: A conceptual framework
## Current

<table>
<thead>
<tr>
<th>Student/Postdoc</th>
<th>Project</th>
<th>Current position (if known)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Rohan Borschmann*, University of Melbourne (McKenzie Postdoctoral Fellowship, 2015-2016; NHMRC ECF 2016-2019)</td>
<td>Suicide and self-harm in young people</td>
<td>Senior Research Fellow, University of Melbourne</td>
</tr>
<tr>
<td>Dr Jesse Young*, University of Melbourne (NHMRC ELSI 2019-2023)</td>
<td>Reducing health disparities and preventable deaths in young people and adults who come into contact with the criminal justice system</td>
<td>Postdoctoral Fellow, University of Melbourne &amp; Murdoch Children's Research Institute</td>
</tr>
<tr>
<td>Dr Kathryn Snow, University of Melbourne</td>
<td>Strengthening the Diagnosis and Treatment of Hepatitis C in Australian Prisons</td>
<td>Postdoctoral Fellow, University of Melbourne &amp; Murdoch Children's Research Institute</td>
</tr>
<tr>
<td>Dr Katie Hall-Jares, Griffith University (Postdoctoral Fellow, 2016-19)</td>
<td>Deaths in young people involved in the youth justice system: towards evidence-based prevention</td>
<td>Postdoctoral Fellow, Griffith Criminology Institute, Griffith University</td>
</tr>
<tr>
<td>Rebecca Bosworth*, UNSW (PhD, associate advisor, 2017-)</td>
<td>Reduction of drug-related harm in prison: A global assessment of the current situation and evaluation of specific programs</td>
<td>PhD Candidate and RTP Scholarship recipient, NDARC, UNSW</td>
</tr>
<tr>
<td>Craig Cumming*, University of Western Australia (PhD, 2017-)</td>
<td>Methamphetamine use and related harms in prisoners and ex-prisoners</td>
<td>Research Officer and PhD Candidate, University of Western Australia</td>
</tr>
<tr>
<td>Justine Fletcher*, University of Melbourne (PhD, associate advisor 2014-)</td>
<td>Understanding and overcoming barriers to reducing seclusion across mental health and forensic settings in Victoria and Queensland</td>
<td>NHMRC Scholar and Research Fellow, Melbourne School of Population and Global Health, University of Melbourne</td>
</tr>
<tr>
<td>Melissa Willoughby, University of Melbourne* (PhD, 2018-)</td>
<td>Preventing violence-related deaths among individuals exposed to the criminal justice system</td>
<td>PhD Candidate and Research Officer, University of Melbourne</td>
</tr>
<tr>
<td>Emilia Janczukova, University of Melbourne (MPH, 2020)</td>
<td>A prospective data linkage study</td>
<td>Research Officer, University of Melbourne</td>
</tr>
</tbody>
</table>

## Past

<table>
<thead>
<tr>
<th>Student/Postdoc</th>
<th>Project</th>
<th>Current position (if known)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emilia Janczukova, University of Melbourne (Honours, 2018-19)</td>
<td>Patterns of emergency healthcare contact in women released from prison</td>
<td>Research Officer, University of Melbourne</td>
</tr>
<tr>
<td>Megan Carroll*, University of Melbourne (PhD, principal advisor 2013-19; did not graduate)</td>
<td>Improving access to health care in recently released prisoners: A mixed-methods, longitudinal study</td>
<td>Research Fellow, Australian Institute of Family Studies</td>
</tr>
<tr>
<td>Nicole Ryan, Griffith University (PhD, associate advisor 2015-2019)</td>
<td>Exploring prisoner re-entry in Queensland: A comparative analysis of Indigenous and non-Indigenous prisoners’ transition from prison to community</td>
<td>Lecturer, School of Criminology and Criminal Justice, Griffith University</td>
</tr>
<tr>
<td>Simon Forsyth, University of Melbourne (PhD part-time, associate advisor, 2009-18; did not graduate)</td>
<td>Investigating mortality among ex-prisoners in Queensland: A data linkage study</td>
<td>Senior Research Officer, School of Population Health, The University of Queensland</td>
</tr>
<tr>
<td>Jesse Young*, University of Melbourne (PhD, principal advisor 2015-2018)</td>
<td>Risk factors and health outcomes of Indigenous and non-Indigenous ex-prisoners with mental illness</td>
<td>MIRS PhD Scholarship recipient and Research Associate, Melbourne School of Population and Global Health, University of Melbourne</td>
</tr>
<tr>
<td>Nicholas Caldwell, University of Melbourne (MPh, 2017-2018)</td>
<td>Complex morbidity in a large sample of incarcerated adults</td>
<td>MBBS/MPH Student, University of Melbourne</td>
</tr>
<tr>
<td>Anne-Marie Bollier, University of Melbourne (MPh, 2017-2018)</td>
<td>Road traffic deaths in young people exposed to the youth justice system: A data linkage study</td>
<td>MPH student, University of Melbourne</td>
</tr>
<tr>
<td>Claire Keen, University of Melbourne (MPh, 2017-2018)</td>
<td>Incidence and predictors of nonfatal overdose after release from prison: prospective data linkage study</td>
<td>MPH student, University of Melbourne</td>
</tr>
<tr>
<td>Cheneal Puljevic*, Griffith University (PhD, principal advisor 2015-2018)</td>
<td>Extending smoking abstinence post-release: A randomised controlled trial in Queensland prisons</td>
<td>Postdoctoral Fellow, University of Queensland</td>
</tr>
<tr>
<td>Stephen Dent, University of Melbourne (MD Research Project, 2016-2017)</td>
<td>Complex morbidity in a large sample of incarcerated adults</td>
<td>4th Year Medical Student, University of Melbourne</td>
</tr>
<tr>
<td>Natalie Ironfield*, University of Melbourne (MPh, 2017)</td>
<td>Patient activation, primary care engagement and emergency department presentation in Indigenous people after release from prison: A prospective cohort study</td>
<td>MPH student, University of Melbourne</td>
</tr>
<tr>
<td>Dr Jacqueline Hornel, Griffith University (Postdoctoral Fellow, 2012-2013)</td>
<td>Deaths in young people involved in the youth justice system: towards evidence-based prevention</td>
<td>Postdoctoral Fellow, Griffith Criminology Institute, Griffith University</td>
</tr>
</tbody>
</table>
### 2016

- **Rebecca Winter**, Monash University (PhD, principal advisor 2011-2016)  
  - Drug use, risk behaviour, health service utilisation and recidivism among ex-prisoners  
  - University: Burnet Fellow, Centre for Population Health, Burnet Institute

- **Dr Dominique de Andrade**, Griffith University (Griffith Postdoctoral Fellow, 2015-16)  
  - Health-related predictors of return to custody in a large cohort of ex-prisoners  
  - University: Postdoctoral Fellow, Centre for Youth Substance Abuse Research (CYSAR), QUT

- **Alexander Love**, University of Melbourne (Master of Environmental Health, 2015-16)  
  - Incidence, timing, causes and risk factors for hospitalisation in a large cohort of Indigenous and non-Indigenous ex-prisoners: A prospective data linkage study  
  - University: Research officer, Melbourne School of Population and Global Health, University of Melbourne

### 2015-16

- **Robbie Devlin**, Griffith University (Master of Forensic Mental Health, 2015-16)  
  - Impact of emergent health and social factors after release from prison on short-term re-incarceration  
  - University: Program Officer, ICCE Colombo Plan, Myanmar

- **Nyein Zaw Htet Doe Htet Doe**, University of Melbourne (Master of Public Health, 2015)  
  - Incidence, characteristics and predictors of emergency department presentation in ex-prisoners with a history of injecting drug use  
  - University: Research Assistant, Centre for Population Health, Burnet Institute

- **Megan Carroll**, University of Melbourne (BSc (Hons), sole advisor 2012)  
  - Patterns and predictors of medication knowledge in adult prisoners  
  - University: PhD candidate, Melbourne School of Population and Global Health, The University of Melbourne

### 2011-2016

- **Kate van Dooren**, University of Queensland (PhD, principal advisor 2012)  
  - Mapping the health and experiences of young people released from adult prisons in Queensland  
  - University: Senior Research Fellow, Monash University

- **Fairlie McIlwraith**, University of Queensland (PhD, associate advisor 2007-2010)  
  - The role and impact of faith-based organisations in providing services in the non-government AOD sector  
  - University: Senior Research Officer, School of Population Health, University of Queensland

- **Bellinda Lloyd**, University of Queensland (PhD, associate advisor 2007-2009)  
  - Longitudinal study of maternal depression and its impact on children  
  - University: Senior Research Fellow, Monash University

- **Justine Campbell**, University of Queensland (PhD, associate advisor 2008-2010)  
  - Intergenerational transmission of alcohol expectancies  
  - University: Clinical Psychologist in private practice and Lecturer, Australian Catholic University

- **Leon Wylie**, University of Queensland (Master of Health Studies, 2008)  
  - Assessing user perceptions of staff training requirements in the substance use workforce: a review of the literature  
  - University: Lead Officer, Hepatitis Scotland

- **Dianna Smith**, University of Queensland (Master of Health Studies, 2005)  
  - The relationship between geographical location, Indigenous status, socio-economic status and adolescent drug use  
  - University: Master of Psychology student, Webster University (Vienna)

- **Eliesa Dikmans**, University of Melbourne (BSc (Hons), sole advisor 2010)  
  - Patterns of alcohol and other drug use among emergency department presentations  
  - University: Registered psychiatric nurse, Alfred Psychiatry

- **Leigh Wallas**, University of Queensland (Psychology Honours, sole advisor 2007)  
  - Ecstasy expectancies as a predictor of patterns of recreational drug use  
  - University: Completed PsyD in neuropsychology of ageing, University of Queensland

- **Michelle Tyack**, University of Queensland (Psychology Honours, sole advisor 2006)  
  - Correlates of post-traumatic stress symptomatology among regular injecting drug users  
  - University: Completed PsyD in neuropsychology of ageing, University of Queensland

* * supported by competitive, external funding

### AWARDS
CV – Professor Stuart A. Kinner
July 2020

• Peter Wall Institute for Advanced Studies, University of British Columbia, International Visiting Scholar Award (2019)
• Melbourne School of Population and Global Health Award for Excellence in Service or Leadership (2018)
• Publons Sentinel of Science: among the highest achievers in peer review in the field of Medicine (2016)
• NHMRC Senior Research Fellowship Level A (2015-2019)
• NHMRC Career Development Fellowship Level 2 (2015-2018) – declined in favour of Senior Research Fellowship
• NHMRC Career Development Award Level 1 (2011-2014)
• NHMRC Travelling Award (2009)
• NHMRC Australian Public Health Post-Doctoral Training Fellowship (2006 – 2009)
• Research Incentive Scheme Award, University of Queensland, School of Population Health (2006)
• Commendation for Tutoring Excellence, School of Psychology, University of Queensland (2002)
• Graduate School Research Travel Award (GSRTA); University of Queensland (2001)
• Australian Postgraduate Award (APA) with stipend (1999, 2001 – 2003)
• Guy Goodricke Prize for Best Performance in Second Year Psychology Subjects, University of Queensland (1993)

PROFESSIONAL DEVELOPMENT

Leadership and Mentoring
• Company Director’s Course. Australia Institute of Company Directors, Melbourne, Dec 2019.
• Australian Institute of Management: Managing, Leading and Developing People. Melbourne, Nov–Dec 2011
• Research Supervision Accreditation Program, Level 1, Monash University, Nov 2009.
• Becoming An Effective Advisor series: (1) Mentoring for Postgraduate Advisors; (2) Compassionate Rigour: Postgraduate Supervision, University of Queensland, Mar 2005

Technical Skills
• Institute for Social Science Research, University of Queensland: Longitudinal Data Analysis: Analysing Complex Datasets, Brisbane, Nov 2015.
• Centre for Health Policy, Melbourne School of Population and Global Health, University of Melbourne: Introduction to Cost Effectiveness Analysis in Health, Melbourne, Feb 2015.
• Centre for Health Services Research, University of Western Australia: Advanced Analysis of Linked Health Data: Topics and Technologies, Adelaide, Sep 2013.
• Centre for Health Services Research, University of Western Australia: Introductory Analysis of Linked Health Data: Principles and hands-on applications, Melbourne, Jul 2013.
• Understanding Indigenous Mortality Data, National Centre for Classification in Health, Brisbane, Nov 2008
• Logistic Regression and Survival Analysis in Epidemiological Research, Menzies Research Institute, Hobart, Apr 2008.

Other Professional Development
• Intellectual Property and Commercialisation, University of Queensland & UniQuest, Mar 2008

OTHER PROFESSIONAL ACTIVITIES

Professional Memberships
• Member, Australia Institute of Company Directors (2019 – present)
• Member, NHMRC Research Translation Faculty (2012 – present)
• Member of Editorial Board, Associate Editor (since 2016), Health and Justice (2012 – present)
• Member of Editorial Board, Contemporary Drug Problems (2010 – present)
• Member, American Public Health Association (APHA) Justice and Incarcerated Health Committee (2016 – present)
• Member, Global Law Enforcement and Public Health Network (2015 – present)

Service on Committees
Current
• Chair, WHO Health in Prisons Programme (HIPPP) Technical Expert Group on prison and youth detention health data collection (2019 – present)
• Member, Forensicare Ethics Advisory Panel (2020 – present)
• Co-Convenor, PHAA Justice Health Special Interest Group (2012 – present)
• Member, Scientific Committee, 2020 International Population Data Linkage (IPDLN) Conference (2019–present)
• Member, BC Centre for Disease Control Provincial Overtake Transitions Working Group (2018–present)
• Member, WHO Steering Group on Prisons Health (2018–present)
• Member, National Prisons Hepatitis Network (2018–present)
• Member, Australian Child Rights Taskforce (2019–present)
• Member, Victorian Department of Justice Human Research Ethics Committee (2018–present)
• Chair, National Youth Justice Health Advisory Group (2016–present)
• Member, Steering Committee, Worldwide Prison Health Research & Engagement Network (WEPHREN) (2017–present)
• Member, First 1000 Days Scientific Advisory Committee (2016–present)
• Member, Corrective Services Administrators Council (CSAC) Medicare Working Group (2016–present)
• Member, Executive Committee; Centre for Research Excellence into Injecting Drug Use (2011–present)

Post
• Member, Queensland Government Throughcare Advisory Committee (2019–2020)
• Member, Board of Directors; Co-Chair, Research Committee, Academic Consortium on Criminal Justice Health (2014–2020)
• Member, Queensland Forensic Mental Health Service Academic Research Committee (2015–2019)
• Member, National Naloxone Reference Group (2015–2019)
• Member, PHAA Justice Health Conference 2019 Conference Advisory Committee (2018-2019)
• Focal point, Health Theme, UN Global Study on Children Deprived of Liberty (2018-2019)
• Member, National Prisoner Health Information Committee (2005–2018)
• Guest Editor, Health & Justice special issue: Complex needs in justice-involved populations (2017-18
• Member, Editorial Committee, special issue of Epidemiologic Reviews on prisoner health (2017-2018)
• Member, Program Committee, 3rd International Law Enforcement and Public Health Conference (2015–2016)
• Chair, Program Committee, 2nd Australasian Youth Justice Conference (2016)
• Member, Griffith Criminology Institute Executive Leadership and Research Committee (2015–2016)
• Member, Interdepartmental Reference Group overseeing redevelopment of management contracts for private prisons in Queensland (2015–2016)
• Member, Reference Group, Queensland Forensic Mental Health Cultural Competence Project (2014–2016)
• Member, Expert Reference Group for scoping review of post-release supported housing; National Drug and Alcohol Research Centre, UNSW (2015–2016)
• Member, Expert Reference Group, 2014 ACT Young People in Custody Health Survey (2013-2015)
• Member, Borallon Correctional Centre Suicide Audit Advisory Group (2015)
• Member, Opioid Substitution Treatment in Queensland Prisons Advisory Group (2015)
• Member, Organising Committee, PHAA Complex Needs Conference (2015)
• Co-Chair, Education Sub-Committee, Centre for Research Excellence in Injecting Drug Use (2011-2015)
• Member, Human Ethics Advisory Group, Melbourne School of Population and Global Health, The University of Melbourne (2013–2015)
• Member, Advisory Group, CIHR-funded global systematic review of RCTs of interventions to improve the health of incarcerated persons (PI Dr F. Kouyoumdjian, U Toronto).
• Member, Organising Committee, First International Conference on Law Enforcement and Public Health (2012)
• Member, Scientific and Sponsorship Committees, Australia Population Health Congress 2012
• Convenor, CREIDU Justice Health Symposium, Adelaide, Sep 2012
• Co-Convenor, PHAA Justice Health Conference, Canberra, Aug 2012
• Co-Director, Cochrane Collaboration Justice Health Field (2010-2012)
• Technical Expert Member, Evaluation Advisory Group — evaluating drug policies and services for prisoners at the Alexander Maconochie Centre, ACT (2010)
• Invited attendee, United Nations Office on Drugs and Crime (UNODC) Expert Group Meeting on Drug Data Collection, Vienna, 6-8 July 2008; invited attendee, UNODC Open-ended Intergovernmental Expert Group on Data Collection, Vienna, 12-15 January 2010
• Advisory Group member, Prison Mental Health Transition and Suicide Prevention Support Project, Queensland Prison Mental Health Service (2010)
• Reference Group member, The Mental Health Problems of Aboriginal and Torres Strait Islander People in Custody (2008-2009)
• Member, Conference Organising Committee, Justice Health in Australia: Beyond the convict era, Melbourne (2009)
• Member, Queensland Government Alcohol and Drug Services Reform Steering Committee (2008)
• Member, Research Committee, School of Population Health, University of Queensland (2007-2008)
• Member, Research Higher Degree Committee, School of Population Health, University of Queensland (2008)
• Member, Data Management Committee, School of Population Health, University of Queensland (2008)
• Reference Group Member, Queensland Association for Healthy Communities (2005–2008)
• Reference Group member, National Hepatitis Awareness Week (Hep C Council of QLD) (2008)
• Invited Delegate, Co-operative Research Centre for Aboriginal Health (CRCAH) Aboriginal Prisoner Health Industry
Roundtable, Canberra (Nov. 2007)
Member, Queensland Government Ice-Breaker Strategy Taskforce (2006 – 2008)
• Reference Group Member, Queensland Health, Health and Social Impact Assessment of the draft regional plan for southeast Queensland (2005)
• Reference Group Member, NCERT/AERF A&D Workforce Development Project (2005)

Personal Consulting
• Youth Support and Advocacy Service (YSAS): forensic AGD treatment program (2018)
• Queensland Corrective Services: evaluation of OST implementation in Queensland prisons (2018)
• Queensland Corrective Services: prison healthcare governance (2016)
• UN Office on Drugs and Crime: prison healthcare governance (2016)

Peer Review: Grants
• Chair, NHMRC Investigator Grant Review Panel (2019, 2020)
• Chair, NHMRC Career Development Fellowship (Public Health) peer review panel (2018)
• Chair, NHMRC Early Career Fellowship (Public Health) peer review panel (2017)
• NHMRC Early Career Fellowship (Public Health) peer review panel (2015, 2016)
• NHMRC Project Grant peer review panel (Public Health 2003; Health Services, Indigenous Health 2011)

Peer Review: Publications

Peer Review: Other
• External Reference Panel, Aboriginal Health and Medical Research Council (AH&MRC) Ethics Committee (2013)
• Review committee, Konrad Janusz Prize (2015)
• External reviewer, application for promotion to Professor with tenure, Emory University (2014); external referee, promotion to Professor with tenure, Simon Fraser University (2018); external referee, promotion to Professor with tenure, Harvard University (2019)
REFEREES

The names of professional and personal referees will be supplied on request.