

Abstract

Levels of prisoner health in Australian jurisdictions are compared based on coronial data and general health statistics. A broad comparison of Australian health indicators inside and outside prison is made. The findings based on the study of deaths in custody in each jurisdiction are also summarised.

Statistics for the health of prisoners in Australian jurisdictions

Australian Capital Territory [ACT]

Coronial data: www.aprj.com.au/articles/Data02-ACT.pdf

The sample size for the Territory was small since there were only three Indigenous deaths in custody in the study period (and thus only three non-Indigenous deaths in custody were examined for comparison purposes). The ACT had the lowest number of deaths in custody in the ten-year study period of mid-2011 to mid-2021 (6 deaths, all examined). 83.3% of the inmates had 'very poor health' prior to their death (coronial data for ACT). For the ACT, only 33.3% of the deaths had adequate healthcare ('Y' response) and 33.3% were 'Y&N' (involving some failures yet with adequate care overall according to the coroner).

New South Wales [NSW]

Coronial data: www.aprj.com.au/articles/Data03-NSW.pdf

Rehabilitation of prisoners is poor, NSW ranking second highest for its recidivism rate (proportion of adults released from prison who returned to prison within two years) at 51.5% (AIC 2022:Table CA.4 for 2020-21).

With six suicides in the sample, this represented an unusual cluster, especially given that all of the suicides were non-Indigenous. Compared with Indigenous prisoners, non-Indigenous prisoners also had a higher proportion whose health was 'very poor' (81.8% compared with 70% - coronial data for NSW). However, one of the most significant differences between the two groups was the adequacy ('Y' response) of healthcare received. 81.8% of non-Indigenous prisoners received adequate treatment according to the coroner compared with only 10% for Indigenous prisoners. Conversely, 80% of Indigenous prisoners received inadequate treatment ('N') whereas no non-Indigenous prisoners received inadequate treatment. The magnitude of this difference raises the prospect of systemic racism. The 'N' and 'Y&N' responses (comprising 90% of the Indigenous inmates) reveals at least a certain passivity towards the Indigenous inmates in NSW. Below are summaries of eight different coroner's reports out of ten reports in the NSW sample:

- There was an intention to move the inmate to 24-hour nursing care, but 'the mills grind slowly, especially in the country'
- 'A series of system failures and missed opportunities'
- Family of the deceased called for compulsory annual check-ups and to ensure comprehensive medical histories since inmates often do not like to disclose their history
- Many systemic failures including not providing the 'immediate, specialised mental health treatment' required
- Cell alarm not working (checks had been made, but improvements to the system were needed)
- 'Cursory and inadequate' assessment provided by nurse upon return from hospital for multiple seizures. Care received for chronic solvent use over many years was grossly inadequate and culturally safe help was never provided
- Multiple failures, most significantly continuing excessive restraint after inmate was screaming that he could not breathe
- Was on methadone before entering prison, but methadone access was denied by the prison, and 'suboptimal medical care' was provided

Northern Territory [NT]

Coronial data: www.apri.com.au/articles/Data04-NT.pdf

The NT has by far the highest imprisonment rate (1025 per 100,000 adult population, so over 1% of the NT population) (ABS 2022a). The Territory also has the highest recidivism rate (proportion of adults released from prison who returned to prison within two years, at 58.9% - AIC 2022:Table CA.4 for 2020-21). The health of prisoners is therefore an important aspect in the health of the NT population. NT has the second highest rate of Indigenous burden of disease (12% - AIHW 2022:204), and the highest proportion of Indigenous people in both its general population (31% – AIHW 2020) and its prison population (a confronting 85.7% at end 2021 – ABS 2022a).

Indigenous deaths in custody vastly outnumber non-Indigenous deaths in the NT coronial reports. The ten Indigenous reports were extracted from 1.5 years of inquests, whereas the ten non-Indigenous reports required all ten years of inquests.

As with all States and Territories, Indigenous prisoners are significantly younger on average than non-Indigenous prisoners (10-20 years younger for all jurisdictions except SA which has a 7-year age gap). NT has a gap of over 16 years, and 50% of Indigenous inmates are aged 29 or below compared with only 20% for non-Indigenous inmates.

Queensland [QLD]

Coronial data: www.apri.com.au/articles/Data05-QLD.pdf

QLD has more prisoners than the more populous VIC (in 2020, 5.21 million compared with 6.69 million – ABS 2022b). This is partly because of the higher Indigenous incarceration rate in QLD (2,231 persons per 100,000 for QLD compared with 1,651 in VIC – ABS 2022a) and the much higher Indigenous population (247,856 for QLD compared with 65,497 for VIC).

QLD has a recent history of severe overcrowding, with insufficient bunk beds and prisoners sleeping on mattresses on the floor (Berkman 2021).

The QLD sample was slightly older than the Australian average (48.5 and 45.1 respectively) and they had a higher incidence of 'very poor' health (75% compared with 67%). In addition,

a significantly lower proportion of Qld prisoners received adequate treatment (one third of the QLD inmates compared with over half of Australian inmates).

South Australia [SA]

Coronial data: www.apri.com.au/articles/Data06-SA.pdf

SA has the lowest recidivism rate (proportion of adults released from prison who returned to prison within two years, at 33.2% - AIC 2022:Table CA.4 for 2020-21).

SA had a significantly higher incidence of suicide. The two prison suicides were by hanging, which is normal Australia-wide because hanging continues to provide inmates with the greatest opportunity to kill themselves. The two who died outside prison died from self-inflicted stab wounds and intentional consumption of highly toxic gas to end life. No other people in the entire Australian sample died in either of these ways.

Tasmania [TAS]

Coronial data: www.apri.com.au/articles/Data07-TAS.pdf

TAS has a low Indigenous population and the second lowest Indigenous prison population after ACT (149 prisoners – ABS 2022a:Table 11). Even as a proportion, TAS has the lowest Indigenous imprisonment rate (771 per 100,000 adult Indigenous population - ABS 2022a). TAS had no Indigenous deaths within the period of analysis for this research study.

Victoria [VIC]

Coronial data: www.apri.com.au/articles/Data08-VIC.pdf

VIC and ACT have the highest proportion of inmates who had 'very poor' health prior to their death, at 83.3% (coronial data for VIC & ACT). VIC had the second highest number of deaths in custody in the ten-year study period of mid-2011 to mid-2021 (141 deaths). VIC was the only State/Territory that had no young people (aged 29 and below) in the sample studied. For most of the other jurisdictions, the '29 or below' was one of the most highly populated.

Western Australia [WA]

Coronial data: www.apri.com.au/articles/Data09-WA.pdf

WA had the highest Indigenous imprisonment rate (2315 per 100,000 adult Indigenous population – ABS 2022a). WA also has the highest rate of disease burden at 15% (AIHW 2022:204) and Indigenous Australians experience rates of disease burden 2.8 times those for non-Indigenous Australians (AIHW 2022).

Correlation between level of healthcare and deaths in custody

Table 1 shows the deaths in prison custody during the 10-year study period and calculates a death rate based on jurisdiction adult population for comparison with the health statistics in Appendix 2.

Table 1 Deaths in prison custody (by jurisdiction)

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUS
2011-12	0	18	2	6	4	1	4	7	42
2012-13	0	19	1	9	0	1	13	10	53
2013-14	2	13	5	11	4	1	11	7	54
2014-15	1	21	3	7	7	3	15	4	61
2015-16	1	23	4	10	13	2	19	11	83
2016-17	1	21	3	12	2	1	20	14	74
2017-18	0	27	3	11	2	1	17	11	72
2018-19	0	33	3	11	6	2	19	15	89
2019-20	0	42	4	11	7	0	13	12	89
2020-21	0	29	1	9	4	0	10	13	66
Total	5	246	29	97	49	12	141	104	683
% of all deaths	0.7	36.0	4.2	14.2	7.2	1.8	20.6	15.2	100.0
Adult Population (000s in 2021)	173.4	3109.3	94.8	1976.7	700.6	222.4	2510.9	1053.2	9843.2
Ratio: adult pop. per death (000s)	34.7	12.6	3.3	20.4	14.3	18.5	17.8	10.1	14.4

SOURCE: Doherty 2021:39-40; ABS 2022b:Table 8

What is striking from this table is the lack of correlation between the statistically best (and worst) levels of healthcare (Appendix 2) and the best (and worst) death rates in this table. The Northern Territory has the best prison health statistics and yet has the worst death rate in Table 1. Conversely, the ACT has the second worst prison health statistics and yet has the lowest death rate. WA has the second-best healthcare statistics yet the second-worst death rate. These may be explained in a variety of possible ways. The NT will be discussed because it represents the greatest contrast:

(a) Lack of correlation between prison health/healthcare and deaths in custody

The many examples of a direct relationship between health and deaths cannot entirely do away with correlation (for example, poor wound management may lead to sepsis, organ failure and death).

(b) Data provided by States/Territories for Appendix 3 tables is inaccurate

It is possible that some jurisdictions could have inaccurately reported or even fudged their data, but the AIHW was in charge of the data collection and would presumably have checked for data validity and accuracy.

(c) Questions asked in surveys for Appendix 2 tables are ambiguous or graded wrongly

This is possible. For example, the author treated 'no previous diagnosis of a mental health disorder' as a positive event in Table A2.1 (indicative of lack of mental illness), but it could equally be interpreted as a negative event if the health service is failing to assess patients for mental illness. The same positive interpretation was applied to Tables A2.8, A2.11 and A2.12, but a negative interpretation could have been made. In the case of Table A2.9, non-referral to mental health services was treated as a negative fact because only 4% of inmates had been referred in the NT (and 90% of inmates had not been referred) when it is known that at least 40% of prisoners have been diagnosed with mental health conditions Australia-wide (AIHW 2019a:27; Glass 2015:32).

(d) Cohorts interviewed in certain jurisdictions are more resilient

One of the unexpected results in this study was that Indigenous people were more likely to report being satisfied with the level of healthcare received, even though they suffered poorer health than non-Indigenous people. An AIHW study, however, found that Indigenous people tended to report lower levels of emotional wellbeing

than non-Indigenous people, but they were more likely to say that they were satisfied with life (AIHW 2014:iv,4). With the higher proportion of Indigenous people in NT, this cultural expression of satisfaction would skew the statistics for self-assessed health.

(e) Certain jurisdictions may provide good healthcare, but poor death prevention or poor care on the part of police or corrective services

The death of KT in 2012 involved acute alcohol intoxication and lack of good healthcare, but it also involved positional asphyxia as a result of police heavy-handedness, which the coroner criticized.

(f) Certain jurisdictions may provide good healthcare, but poor conditions for good health

For example, Darwin's only adult prison, Darwin Correctional Centre, currently has serious overcrowding with prisoners sleeping on mattresses on the floor in small cells. The prison also has staffing shortages; a desperate lack of programs and support services for rehabilitation; and lockdowns for up to 72 hours at a time (Spina-Matthews 2022; Dick 2022). This leads to bored and disgruntled prisoners who then become violent; breakdowns in security; the transfer of prisoners to alleviate the overcrowding which is a health risk and interrupts continuity of healthcare; and the rapid spread of sores and infections (Pfeiffer 2020; Kariminia 2007).

(g) Certain jurisdictions may provide good healthcare, but a larger proportion of deaths are of healthy people

This category is true for the Northern Territory, which has a far greater proportion of young people dying from police pursuits.

Comparison of Appendices 1 and 2

In discussing healthcare inside and outside prison, a comparison of the Australian Health Performance Framework [AHPF] for the general community in Appendix 1 and prison health indicators in Appendix 2 may also be made.

The AHPF provides information on waiting times for different types of surgery in the outside community. Prisoners may be transferred to a prison hospital such as Long Bay Correctional Complex in NSW or Port Phillip Prison in VIC. If the surgery cannot be performed there, the prisoners will visit a suitable general hospital. In such cases, the prisoners will be put on the same waiting list as the general public (e.g. CV n.d.), although there may be a short delay while permissions and movements are organized.

The AHPF provides the numbers of different types of health practitioners in the community, which may be compared with estimates by the author:

Table Error! No text of specified style in document..2 Numbers of health professionals in outside community and prison

Health professional:	Community rate per 100,000 pop.*	Prison rate per 100,000 pop.**
Allied health practitioners	479.8*	Unknown
Dental practitioners	58.5*	35**
Medical practitioners	415.0*	60.1**
Nurses and midwives	1,175.2*	1,310**
Psychologists	154**	313**
Psychiatrists	17**	Unknown

SOURCES: * AIHW 2021; ** Russell 2021:4-9

Prisoners have access to twice the rate of psychologists compared with the community and slightly more than the community's rate of nurses. However, firstly nurses are the main health professional seen by prisoners and secondly prisoners need far more medical attention than the general community. Prisoners have far less access to dental and medical practitioners.

The AHPF states that the proportion of adults with 'high' or 'very high' levels of psychological distress is 13% in the community. Table A3.3 shows that the psychological distress of prisoners is twice that (26%).

The AHPF states that the proportion of persons aged 15 years and over who reported their health status as excellent/very good was 57.2%. This compares with only 2.6% of prisoners who had 'good' or 'very good' levels of health (refer the Australian data).

Appendix 1: Health indicators for the general Australian community

HEALTH SYSTEM: ACCESSIBILITY	PROPERTY	QUANTITY
Waiting time for elective surgery	50th percentile	39 days
Waiting time for elective surgery	90th percentile	281 days
Waiting time for elective surgery	% waited >365 days	2.8%
Waiting time for emergency dept	% treated within national benchmarks	74%
Waiting time for emergency dept clinical care	50th percentile	17 mins
Waiting time for emergency dept clinical care	90th percentile	92 mins
Waiting time for emergency dept clinical care	% with time from presentation to departure is within 4 hrs	69%
Waiting time for emergency dept clinical care	Time spent in the emergency dept: 50th percentile	2 hr 56 min
Waiting time for emergency dept clinical care	Time spent in the emergency dept: 90th percentile	7 hr 30 min
HEALTH SYSTEM: CONTINUITY OF CARE	PROPERTY	QUANTITY
Unplanned hospital readmission rates: Appendicectomy	Rate per 1000 separations	20.7
Unplanned hospital readmission rates: Cataract surgery	Rate per 1000 separations	3.1
Unplanned hospital readmission rates: Hip replacement	Rate per 1000 separations	20.9
Unplanned hospital readmission rates: Hysterectomy	Rate per 1000 separations	29.4
Unplanned hospital readmission rates: Knee replacement	Rate per 1000 separations	25.9
Unplanned hospital readmission rates: Prostatectomy	Rate per 1000 separations	35.0
Unplanned hospital readmission rates: Tonsillectomy and adenoidectomy	Rate per 1000 separations	39.1
HEALTH SYSTEM: EFFECTIVENESS	PROPERTY	QUANTITY
Females with antenatal visit...	...in first trimester: age standardised %	72.6%
Potentially preventable...	...hospitalisations: age standardised rate	27.9%
Survival of people with cancer	% who survived at least 5 yrs after diagnosis	94.8%
Cancer screening rates	Bowel cancer: age standardised rate	43.5%
Cancer screening rates	Breast cancer: age standardised rate	49.4%
Cancer screening rates	Cervical cancer: age standardised rate	55.9%
Potentially avoidable deaths	Age standardised rate (per 100,000 population)	104.2
HEALTH SYSTEM: EFFICIENCY	PROPERTY	QUANTITY
Allied health practitioners	Rate per 100,000 population	479.8
Dental practitioners	Rate per 100,000 population	58.5

Medical practitioners	Rate per 100,000 population	415.0
Nurses and midwives	Rate per 100,000 population	1,175.2
SAFETY	PROPERTY	QUANTITY
Sentinel event	Adverse patient safety events that are wholly preventable and result in serious harm to, or death of, a patient (number)	80
Rate of seclusion	Rate of confinement in isolation for psychiatric patients per 1,000 patient days	8.1
Adverse events treated in hospitals	Hospitalisations involving an adverse event, per 100 hospitalisations	5.3
HEALTH STATUS: DEATHS	PROPERTY	QUANTITY
Life expectancy at birth		82.9 years
Major causes of death	Infectious/parasitic diseases (age-standardised rate per 100,000 population)	7.8
Major causes of death	Circulatory diseases (age-standardised rate per 100,000 population)	127.5
Major causes of death	Congenital malformations, deformations & chromosomal abnormalities (age-standardised rate per 100,000 population)	2.6
Major causes of death	Digestive diseases (age-standardised rate per 100,000 population)	19.7
Major causes of death	Diseases of the blood (age-standardised rate per 100,000 population)	1.7
Major causes of death	Diseases of the genitourinary system (age-standardised rate per 100,000 population)	11.7
Major causes of death	Diseases of the musculoskeletal system (age-standardised rate per 100,000 population)	4.3
Major causes of death	Diseases of the skin (age-standardised rate per 100,000 population)	1.8
Major causes of death	Endocrine diseases (age-standardised rate per 100,000 population)	21.8
Major causes of death	Mental and behavioural disorders (age-standardised rate per 100,000 population)	31.5
Major causes of death	Cancer (age-standardised rate per 100,000 population)	158.2
Major causes of death	Nervous system diseases (age-standardised rate per 100,000 population)	30.8
Major causes of death	Respiratory diseases (age-standardised rate per 100,000 population)	48.8
Mortality due to suicide	Age-standardised rate per 100,000 population	12.9
HEALTH STATUS: HEALTH CONDITIONS	PROPERTY	QUANTITY
Breast cancer	Age-standardised rate per 100,000 population	65.4
Cervical cancer	Age-standardised rate per 100,000 population	3.6
Colorectal cancer	Age-standardised rate per 100,000 population	55.4
Lung cancer	Age-standardised rate per 100,000 population	43.3
Melanoma of the skin	Age-standardised rate per 100,000 population	53.5
Chlamydia	Rate per 100,000 population	416.8
Gonorrhoea	Rate per 100,000 population	118.0
Hepatitis B	Rate per 100,000 population	25.0
Hepatitis C	Rate per 100,000 population	43.3
HIV	Rate per 100,000 population	4.0
Syphilis	Rate per 100,000 population	18.3

Heart attacks	Age-standardised rate per 100,000 population	302.1
End-stage kidney disease	Age-standardised rate per 100,000 population	19.1
Hospitalisation for injury/ poisoning	Age-standardised rate per 100,000 population	2,095
Type 2 diabetes	Age-standardised proportion	4.8%
Measles	Notifications per 100,000 children (0-14 years)	0.8
HEALTH STATUS: HUMAN FUNCTION	PROPERTY	QUANTITY
Severe/profound core activity limitation rate	% of persons	5.7%
HEALTH STATUS: WELLBEING	PROPERTY	QUANTITY
The proportion of adults (aged 18 and over) with 'high' or 'very high' levels of psychological distress.	Age-standardised proportion (%)	13.0%
Proportion of persons aged 15 years and over who reported their health status as excellent/very good	Age-standardised proportion (%)	57.2%

SOURCE: AIHW 2021

Appendix 2: Health status of prisoners

Key tables comparing the health status of prisoners in the States and Territories are provided below.

Note 1: Percentages in the tables are based on the data collection only, and not the entire prison population.

Note 2: The top two and bottom two jurisdictions for each set of statistics are rated using the following colour code:

Best	Second best	Second worst	Worst
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Table A2.1: Percentage of prison entrants, previous diagnosis of a mental health disorder (including alcohol and other drug use disorders)

Characteristic	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUS
Previous diagnosis of a mental health disorder	57	n.a.	12	39	47	67	61	25	40
No previous diagnosis of a mental health disorder	43	n.a.	88	58	47	33	38	73	58
Rating									

SOURCE: AIHW (2019a): Table S20

Table A2.2: Prison discharges, change in mental health and wellbeing while in prison

Characteristic	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUS
A lot better	27	n.a.	27	22	13	13	18	19	19
A little better	27	n.a.	19	18	19	19	20	21	20
Stayed the same	27	n.a.	54	51	48	31	45	48	47
A little or a lot worse	7	n.a.	0	9	13	6	16	6	10
Rating									

SOURCE: AIHW (2019a): Table S171**Table A2.3: Percentage of prison entrants, levels of psychological distress as measured by the K10 scale**

Characteristic	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUS
Low	17	n.a.	76	48	47	14	54	70	53
Moderate	17	n.a.	16	12	18	26	10	12	14
High	23	n.a.	2	18	15	14	15	7	13
Very high	43	n.a.	6	14	7	36	20	4	13
Rating									

SOURCE: AIHW (2019a): Table S172**Table A2.4: Percentage of prison entrants, distress related to current incarceration**

Characteristic	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUS
A lot	46	n.a.	8	21	12	26	11	10	16
A little	34	n.a.	22	26	37	19	34	20	27
Not at all	17	n.a.	66	45	39	43	53	63	50
Rating									

SOURCE: AIHW (2019a): Table S174**Table A2.5: Percentage of prison entrants, distress related to mental health issues**

Characteristic	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUS
A lot	29	n.a.	4	5	8	19	7	3	7
A little	23	n.a.	4	21	31	33	28	10	20
Not at all	40	n.a.	92	64	50	36	61	81	65
Rating									

SOURCE: AIHW (2019a): Table S177**Table A2.6: Percentage of prison entrants, distress related to physical health issues**

Characteristic	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUS
A lot	20	n.a.	0	8	7	26	7	2	7
A little	34	n.a.	14	18	31	24	24	12	20
Not at all	43	n.a.	82	64	50	33	66	80	65
Rating									

SOURCE: AIHW (2019a): Table S178

Table A2.7: Percentage of prison entrants, self-assessed mental health status

Characteristic	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUS
Excellent	11	n.a.	30	9	11	2	11	13	12
Very good	14	n.a.	30	12	24	2	20	26	19
Good	23	n.a.	24	45	36	33	27	44	38
Fair	26	n.a.	10	19	20	43	29	12	20
Poor	26	n.a.	0	11	7	17	10	3	8
Rating									

SOURCE: AIHW (2019a): Table S189**Table A2.8: Percentage of prison entrants, currently taking mental health-related medication**

Characteristic	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUS
Currently taking mental health medication	37	n.a.	8	26	28	45	26	13	23
Not currently taking mental health medication	63	n.a.	92	72	66	55	74	86	75
Rating									

SOURCE: AIHW (2019a): Table S191**Table A2.9: Percentage of prison entrants, referred to prison mental health services**

Characteristic	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUS
Referred to prison mental health service	37	n.a.	4	26	28	50	35	13	18
Not referred to prison mental health service	63	n.a.	90	72	66	50	63	86	80
Rating									

SOURCE: AIHW (2019a): Table S193**Table A2.10: Percentage of prison entrants, history of self-harm**

Characteristic	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUS
History of self-harm	34	n.a.	4	17	23	33	24	23	21
No history of self-harm	66	n.a.	96	80	75	67	76	75	77
Rating									

SOURCE: AIHW (2019b): Table S194**Table A2.11: Percentage of prison entrants, identified as being at risk of suicide or self-harm**

Characteristic	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUS
Identified as being at risk of suicide or self-harm	6	n.a.	2	1	3	21	1	8	5
Not identified as being at risk of suicide or self-harm	91	n.a.	92	97	96	76	97	91	94
Rating									

SOURCE: AIHW (2019b): Table S198

Table A2.12: Prison entrants, diagnosed with a chronic condition at some stage in their lives

Characteristic	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUS
Asthma	43	n.a.	2	19	18	57	42	13	22
Arthritis	20	n.a.	2	9	6	24	12	0	7
Cardiovascular disease	11	n.a.	16	5	8	12	7	6	7
Diabetes	9	n.a.	14	6	10	5	3	4	6
Cancer	6	n.a.	2	3	1	7	1	1	2
Any condition	49	n.a.	18	29	26	71	48	20	30
Rating									

SOURCE: AIHW (2019c): Table S200

Table A2.13: Prison entrants, currently have a chronic condition

Characteristic	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUS
Asthma	20	n.a.	2	11	16	43	27	12	15
Arthritis	17	n.a.	0	8	6	24	12	0	7
Cardiovascular disease	6	n.a.	12	3	4	0	2	5	4
Diabetes	9	n.a.	14	5	8	2	2	5	6
Cancer	3	n.a.	2	1	0	5	0	0	1
Any condition	31	n.a.	24	22	27	62	38	18	26
Rating									

SOURCE: AIHW (2019c): Table S201

Table A2.14: Percentage of prison entrants, self-assessed physical health

Characteristic	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUS
Excellent	11	n.a.	26	8	9	0	12	11	10
Very good	11	n.a.	30	16	28	12	22	31	23
Good	34	n.a.	26	47	44	29	36	39	40
Fair	20	n.a.	12	20	10	45	21	14	18
Poor	23	n.a.	2	7	7	12	6	3	6
Rating									

SOURCE: AIHW (2019d): Table S202

Table A2.15: Percentage of prison discharges, rating of health care received in prison

Characteristic	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUS
Excellent	36	n.a.	31	33	50	25	34	19	34
Good	36	n.a.	65	49	32	25	44	58	46
Neither good nor poor	27	n.a.	0	11	9	17	14	15	12
Poor/Very poor	0	n.a.	4	4	9	0	7	4	5
Rating									

SOURCE: AIHW (2019e): Table S275

Summary

ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUS
5		1			7	1	1	
4				1	5	3	3	
2		1	2			4	5	
		11	1	1	1		1	

Conclusion:

TAS = WORST HEALTHCARE	ACT = SECOND WORST HEALTHCARE	WA= SECOND BEST HEALTHCARE	NT = BEST HEALTHCARE
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