

---

# The First 24 Hours: Identifying Mental Health Needs in Adults and Young People at Custody Entry in NSW

ANZAPPL - 5 December 2025

## **Dr Carey Marr**

Lecturer in Forensic Mental Health

UNSW

Honorary Research Associate

Justice Health NSW

## **Meghan Murie**

Clinical Outcomes Coordinator

Forensic Mental Health, Justice Health NSW

Conjoint Associate Lecturer

UNSW



# Acknowledgement of Country

We are gathering on the land of the Muwinina people today.

We live and work on the lands of the Gadigal people, of the Eora nation.



*Aboriginal Health* - commissioned for Justice Health NSW by a Wiradjuri man from Wellington NSW, the piece expresses the artist's experiences of health and wellbeing at Justice Health.

# Background

There are high rates of mental illness and self-harm / suicide amongst people in prisons in Australia and worldwide (Butler et al., 2018; Favril et al., 2024; Fazel & Seewald, 2012; Mundt et al., 2024; Yee et al., 2024).

There are similar findings for young people in custody across numerous jurisdictions (Fazel et al., 2008; Beaudry et al., 2021; Borschmann et al., 2020).

However...

- Limited meta-analytic work examining mental health at prison entry
- Small sample sizes with low response rates
- Non-representative convenience sampling

A systematic review and meta-analysis was recently completed which explored the mental health needs of young people entering custody at the entry-point to custody (Murie et al., 2025), with findings showing high rates of mental illness, particularly amongst young females.

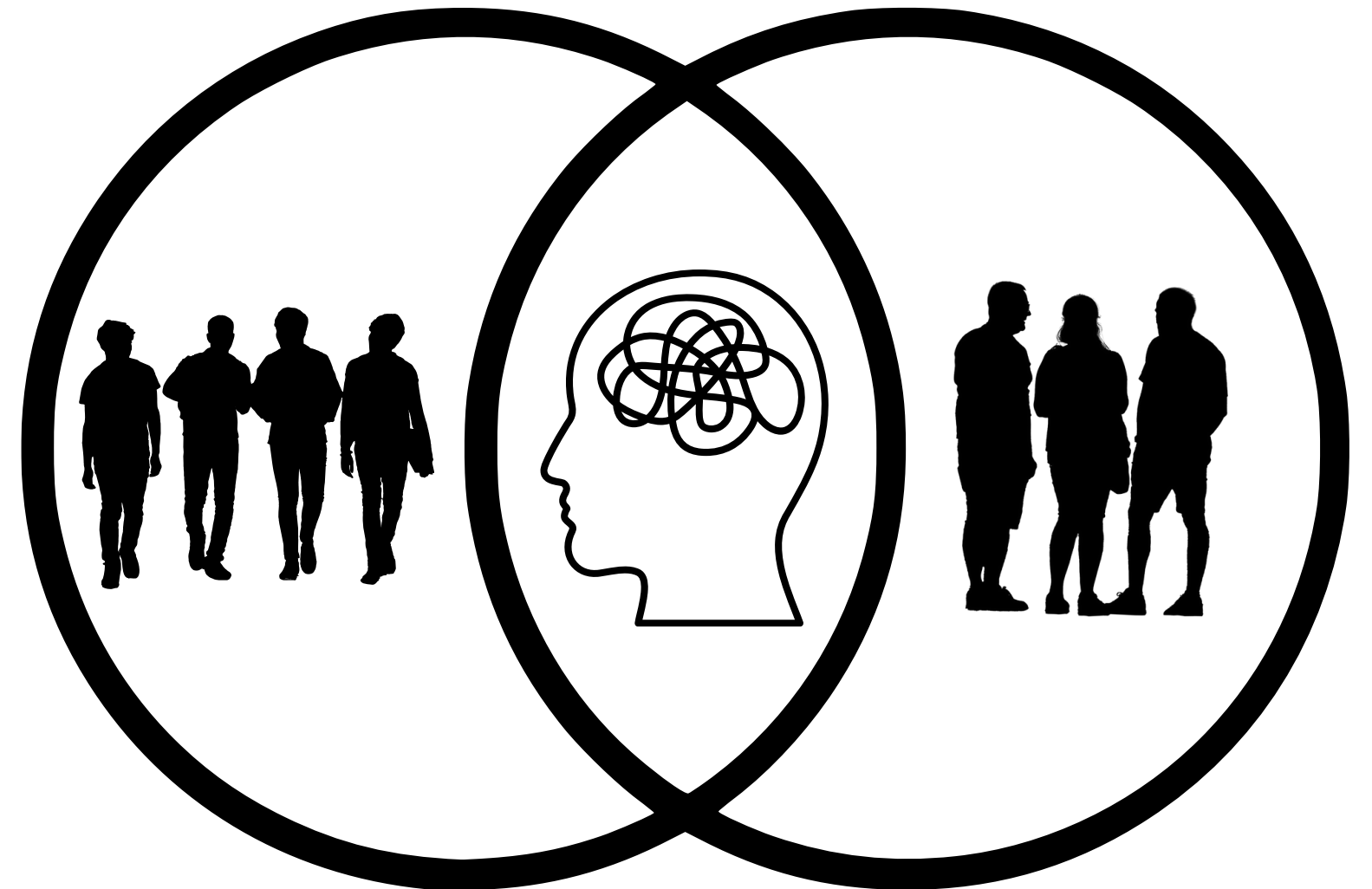
# Aims

Separately conducted studies using routinely collected young person and adult data from custody screenings

Describe similarities and differences between screening processes

Present prevalence results of key mental health conditions, including examination of differences between gender and First Nations groups

Reflect on differences in screening processes and findings between young people and adults entering custody within same jurisdiction of NSW



# Entry Screening in Custody in NSW

Young People

Completed within 24 hours of entry to a YJC

Every young person who enters a YJC is screened

Administered by Justice Health NSW nursing staff

Screening tool uses algorithm to support clinical decisions

Adult

Completed within 24 hours of prison entry

All prison entrants in NSW are screened

Administered by Justice Health NSW nursing staff

The tool utilises algorithms based on responses to aid clinical decision-making

# Mental Health History and Symptoms

## Young People - Mental Health Conditions and Mental Health Symptom Screening

- Mental health conditions categorised based on DSM-5 classifications, either self-report or pulled from clinical file review, “Do you have any health conditions?”
- Mental health symptoms screening questions targeted for depression, anxiety, ADHD, psychotic symptoms, trauma experiences and self-harm/suicidal ideation
  - Where YP scored above 2 across any category, referral to mental health nurse in custody was triggered

## Adults - Self-reported mental health history, mental health symptoms, and self-harm / suicide risk assessment items

- Depression, anxiety, schizophrenia, bipolar or manic depression, drug-induced psychosis
  - PTSD or other trauma coded from open-ended question about ‘other mental health problems’
- Key symptoms of a mental health condition within the past month (including symptoms associated with psychosis)
- Lifetime and past year history of self-harm or suicide attempt
- Recent suicidal ideation (within past week)

# Study Samples

## Young People

- 10,622 total entries into a Youth Justice Centre in NSW between 1 January 2017 - 31 December 2024
  - 52.2% of sample had multiple entries into custody within the study period
  - Most recent entry for each participant was used in sample
- 4,616 unique individuals
  - 80.2% male (3,704), 19.8% female (913)
  - 45% First Nations (2,075)
  - 15% Culturally and Linguistically Diverse (707)
  - Age range of 10-21

## Adults

- Data from Justice Health NSW's *People in NSW Public Prisons: Health Status and Service Utilisation* dataset
- 10,822 total entries to public prisons in NSW over the one-year study period (Feb 2021-2022)
  - Around 12% of sample entered prison more than once during the period
  - Most recent entry for each participant was used in sample
- 9,568 unique individuals
  - 86% male (8,219), 14% female (1,347)
  - 32% First Nations (3,045)
  - 27% were entering custody for the first time (2,548)

# Mental Health Variables

## Mental Health Conditions

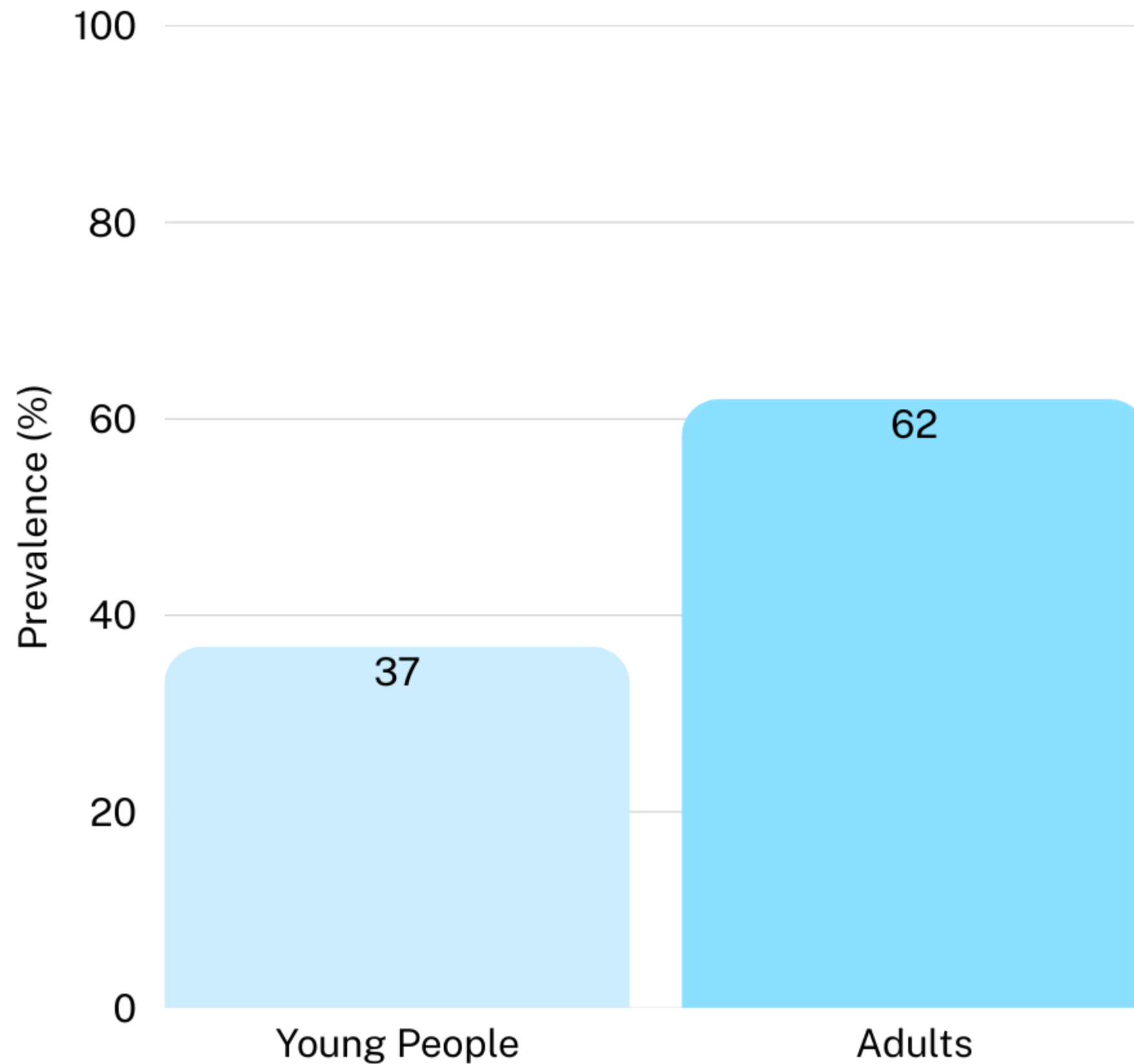
- Any mental health condition
- Depression
- Anxiety
- PTSD
- Psychotic Disorders

## Mental Health Symptoms

- Psychotic Symptoms
- Harm to self (self-harm/suicide related questions)



Mental Health variables compared across gender and First Nations background



# Any mental health condition

## Young People

No significant gender differences

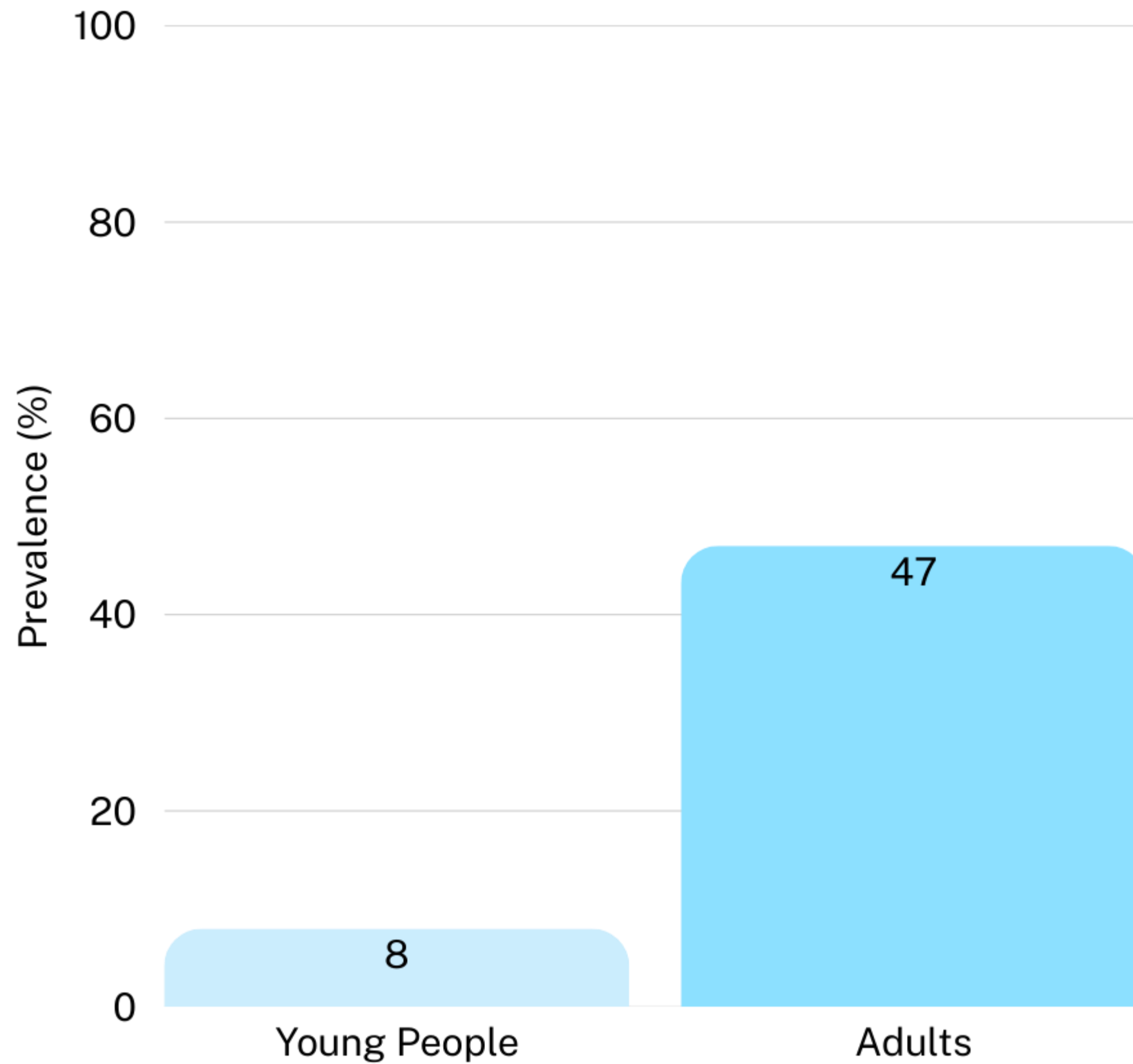
Significantly higher prevalence for First Nations young people (42%) than non-First Nations young people (33%)

## Adults

Significantly higher in women (78%) than men (59%)

Significantly higher for First Nations people (71%) than non-First Nations people (58%)

# Depression



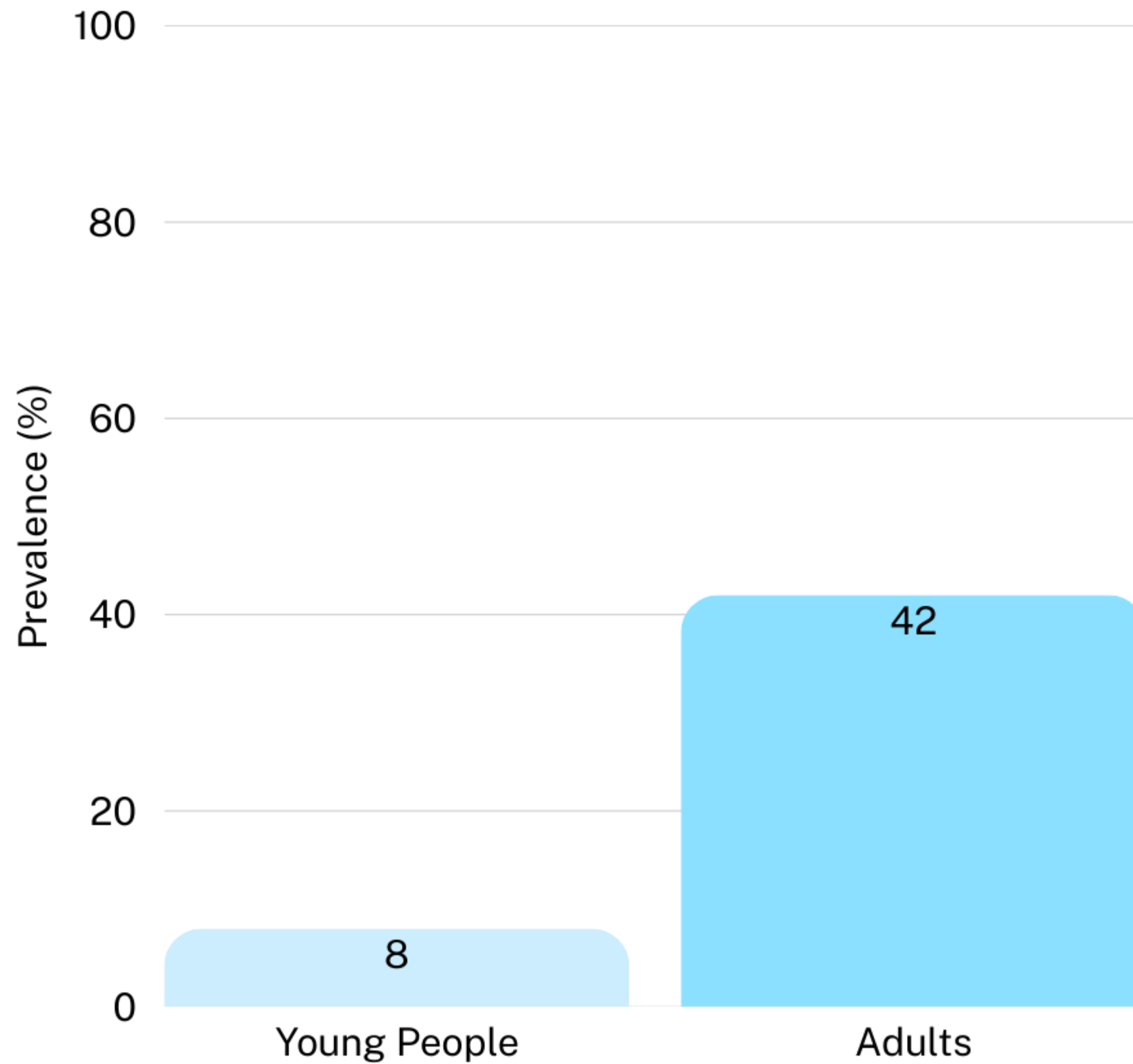
### Young People

Significantly higher in girls (13%) than boys (7%)  
No difference between First Nations people and non-First Nations people

### Adults

Significantly higher in women (66%) than men (44%)  
Significantly higher for First Nations people (54%) than non-First Nations people (44%)

# Anxiety

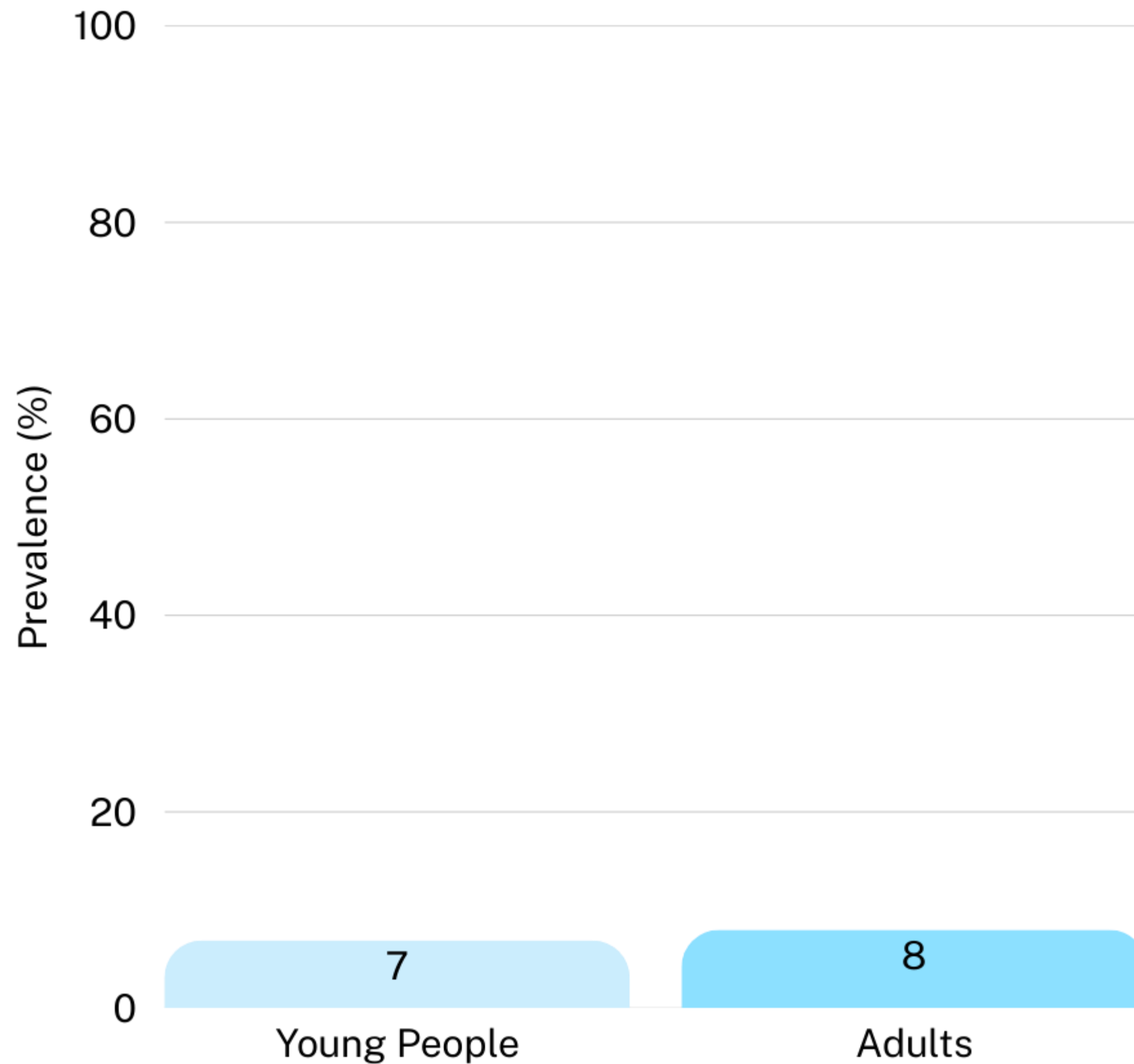


## Young People

Significantly higher in girls (11%) than boys (8%)  
No difference between First Nations people and non-First Nations people

## Adults

Significantly higher in women (61%) than men (38%)  
Significantly higher for First Nations people (47%) than non-First Nations people (39%)



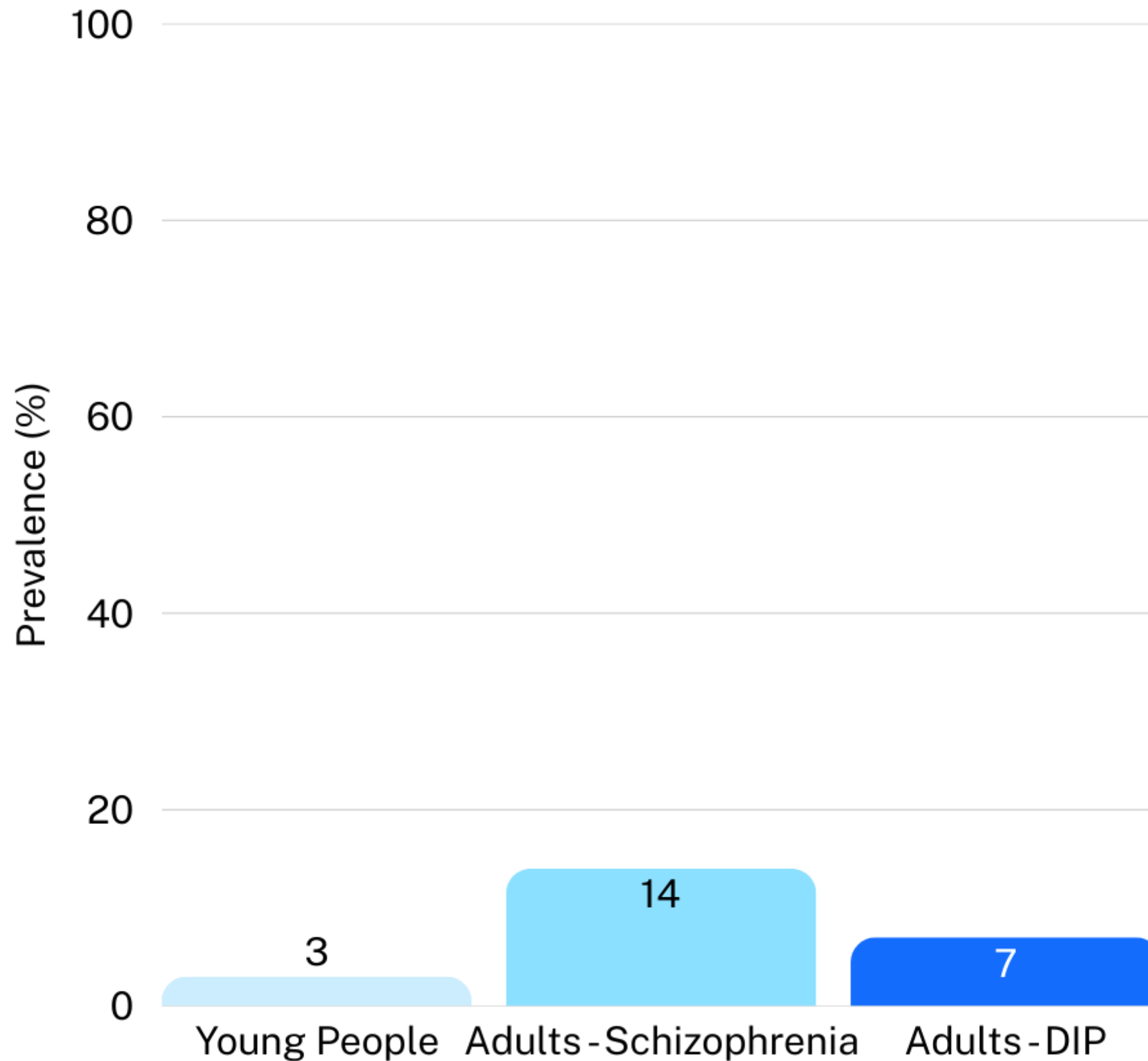
# PTSD / Other trauma

## Young People

Significantly higher in girls (11%) than boys (6%)  
Significantly higher in First Nations people (8%) than non-First Nations people (6%)

## Adults

Significantly higher in women (14%) than men (7%)  
No difference between First Nations people and non-First Nations people



# Psychotic disorders

## Young People

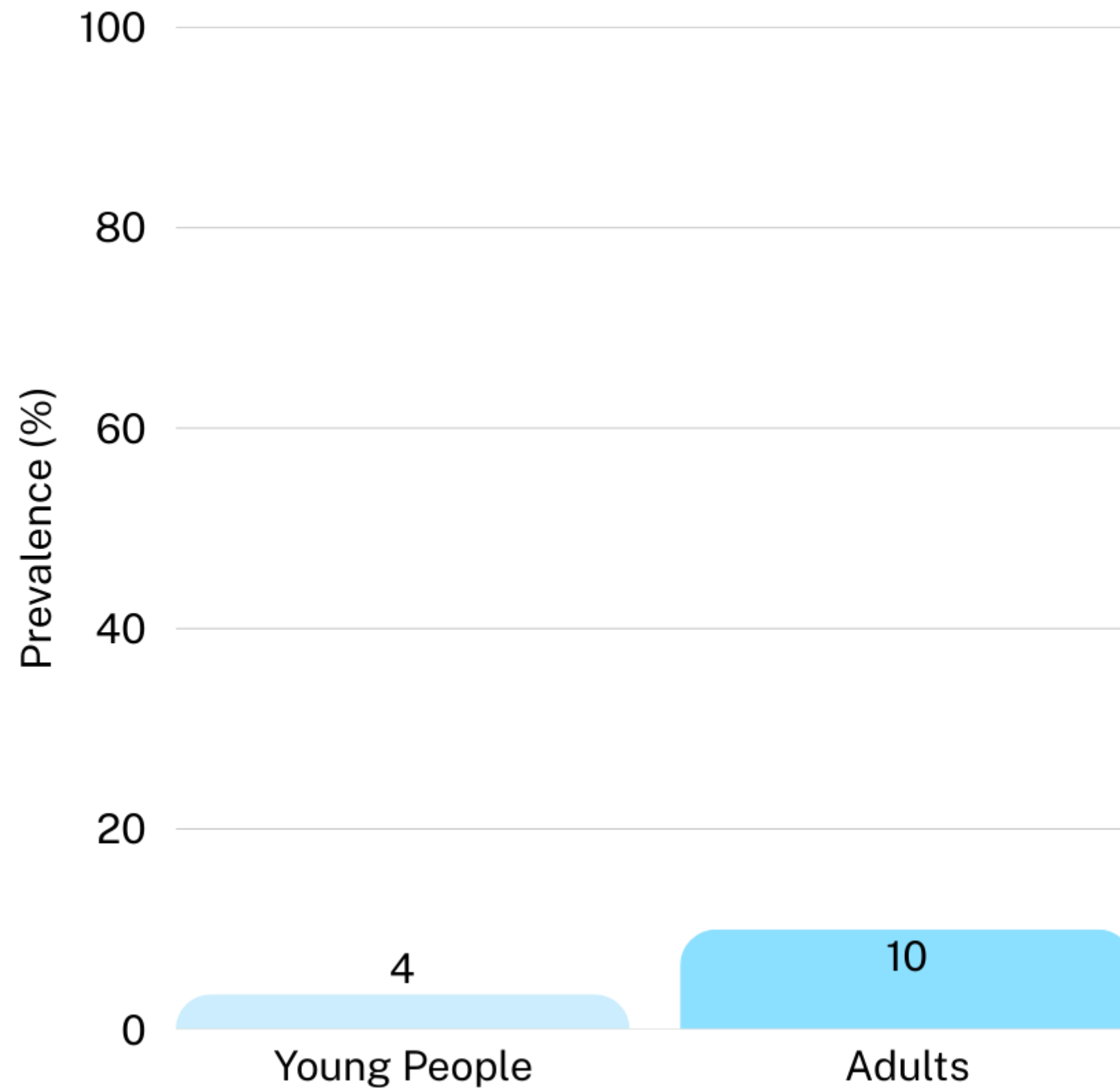
Psychotic disorders (all)  
 No difference between girls and boys  
 No difference between First Nations and non-First Nations people

## Adults

Schizophrenia  
 No significant difference between women and men  
 Significantly higher for First Nations people (19%) vs non-First Nations people (11%)

Drug-Induced Psychosis  
 Significantly higher in men (7%) than women (5%)  
 Significantly higher for First Nations people (9%) vs non-First Nations people (5%)

# Psychotic symptoms



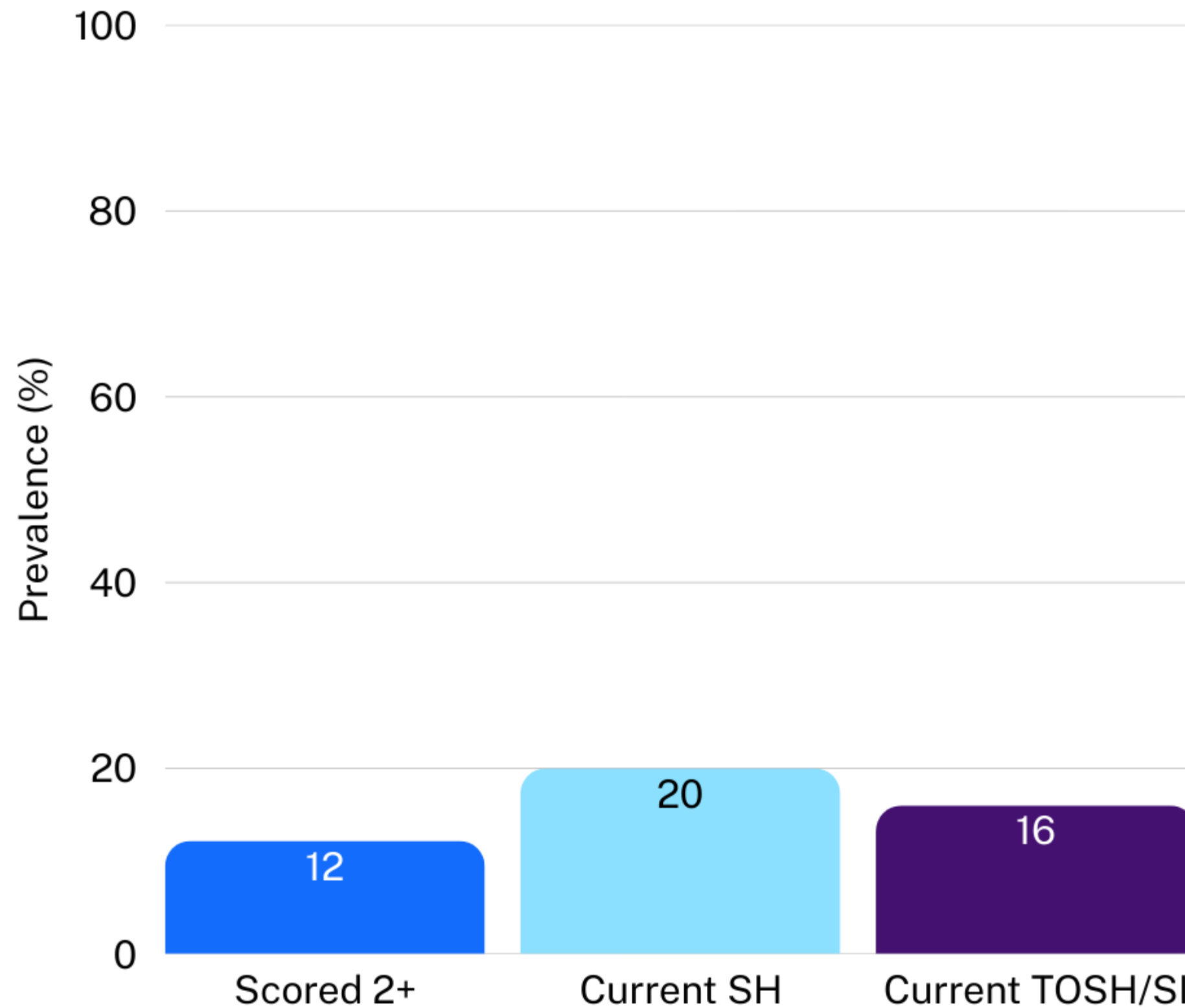
## Young People

Significantly higher in girls (6%) than boys (3%)  
No difference between First Nations and non-First Nations people

## Adults

No difference between women and men  
Significantly higher for First Nations people (14%) vs non-First Nations people (8%)

# Harm to Self (Young People)



### Scored 2+

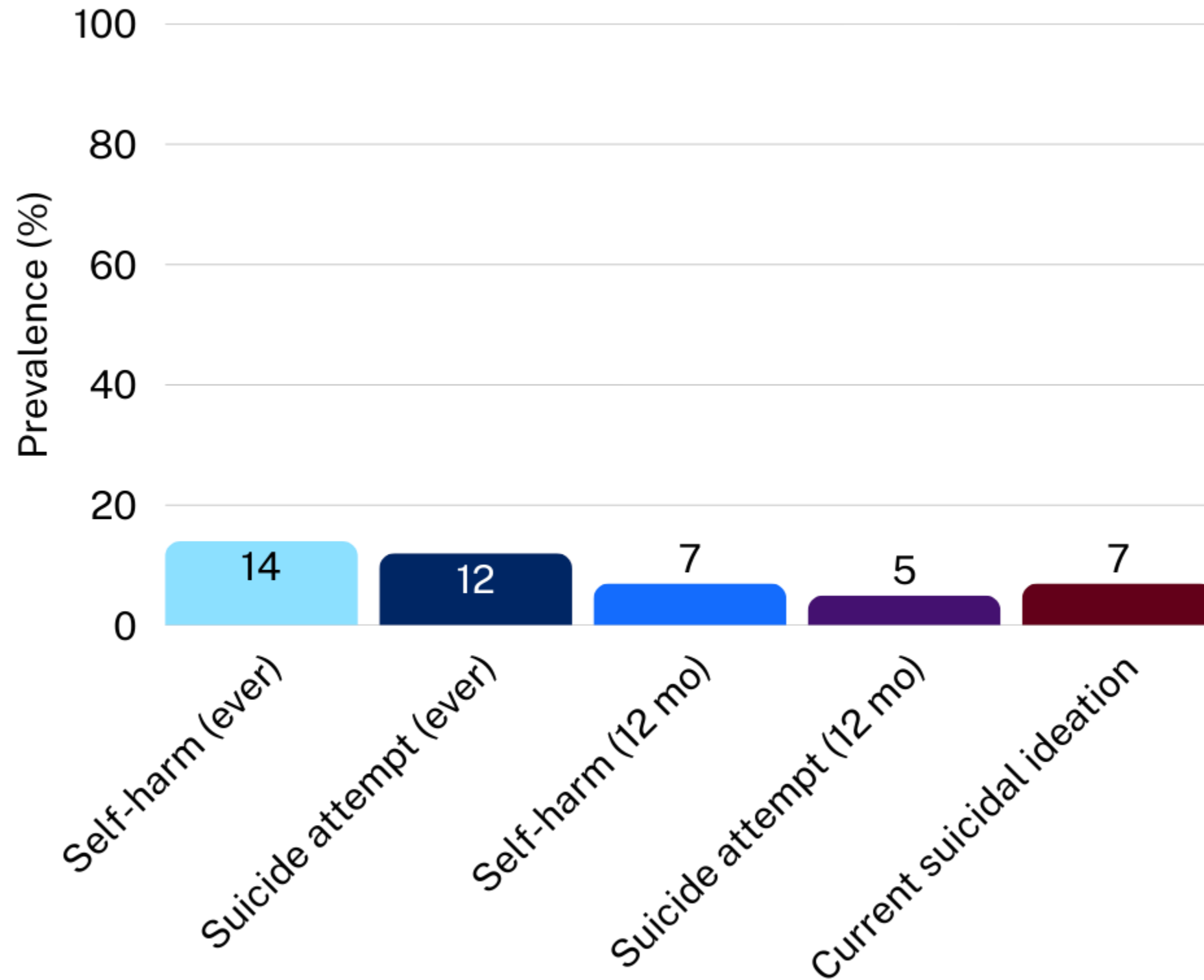
Significantly greater in females (23%) than males (10%)  
No difference between First Nations and non-First Nations people

### Current Self-Harm

Significantly greater in females (37%) than males (16%)  
No difference between First Nations and non-First Nations people

### Current Thoughts of Self-Harm (TOSH) or Suicidal Ideation (SI)

Significantly greater in females (26%) than males (14%)  
No difference between First Nations and non-First Nations people



# Harm to Self (Adults)

## Self-harm (ever)

Significantly higher in women (26%) than men (12%)  
 Significantly higher in First Nations people (20%) vs non-First Nations people (12%)

## Suicide attempt (ever)

Significantly higher in women (16%) than men (12%)  
 Significantly higher in First Nations people (16%) vs non-First Nations people (10%)

## Self-harm (past 12 months)

Significantly higher in women (12%) than men (6%)  
 Significantly higher in First Nations people (9%) vs non-First Nations people (5%)

## Suicide attempt (past 12 months)

Significantly higher in women (7%) than men (5%)  
 Significantly higher in First Nations people (6%) vs non-First Nations people (4%)

## Current suicidal ideation (within past week)

Significantly higher in women (10%) than men (7%)  
 Significantly higher in First Nations people (10%) vs non-First Nations people (6%)

# Summary of Results

## Young People

- **Over 1/3 of YP entering custody have at least one mental health condition**
  - Where YP had more than one entry, 54% had at least one mental health condition
- ADHD was most prevalent diagnosis (23%)
- 55% of total participants scored above the threshold for any category of mental health symptoms in screening
  - Most common category was ADHD (27%), followed by depression (25%) and trauma experiences (23%)

## Adults

- **Almost 2/3 of prison entrants reported having a mental health condition**
  - Just under a quarter experienced symptoms of a mental health condition in the month prior to prison entry
- Over half of prison entrants were referred to mental health services in prison
- One in ten prison entrants were referred to the Risk Intervention Team (in-prison team to manage risk of self-harm)

# Discussion

- Lower rates of identified mental health conditions in young people entering custody compared to adults
  - More opportunities for identification of MH disorders for adults - lifetime history
  - Mental health screening questions also suggests many YP may have mental health needs without formal diagnosis
- Strengths and limitations to the various screening approaches
  - Adult screening limited to self-report though more specific in the questions asked
  - Young person screening includes only a broad open-ended self-report question though also includes conditions identified in file review
- Implications for stay in custody

THE JOURNAL OF FORENSIC PSYCHIATRY & PSYCHOLOGY  
<https://doi.org/10.1080/14789949.2025.2529783>





## Consistency of mental health screening results across repeated receptions into prison over 12 months

Christie Browne<sup>a,b</sup> and Kimberlie Dean<sup>a,b</sup>

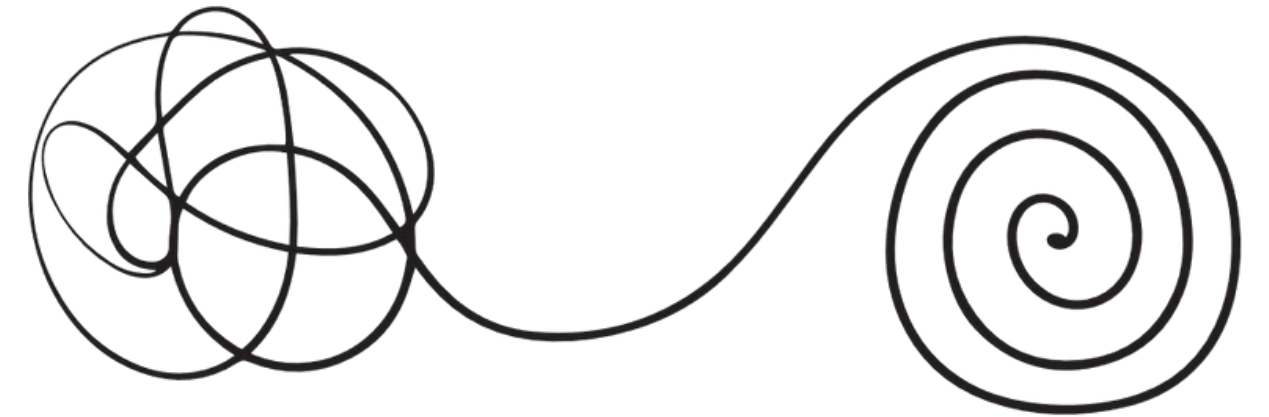
<sup>a</sup>Discipline of Psychiatry and Mental Health, School of Clinical Medicine, Faculty of Medicine and Health, University of New South Wales, Sydney, Australia; <sup>b</sup>Justice Health and Forensic Mental Health Network, New South Wales, Australia

**ABSTRACT**  
Mental health screening at point-of-reception into prison is a common method of identifying those in need of mental health care in custody. Many individuals cycle in and out of prison resulting in multiple episodes of screening, however little is known about the consistency of screening responses across reception episodes. This study examined recorded mental health and suicide/self-harm screening data for all individuals who entered public prisons in New South Wales over a 12-month period (10882 screens completed for 9568 unique individuals). Individuals with repeated receptions during this period were more likely than those with one reception to be women, Aboriginal, and to have a history of mental illness. Across the first two receptions, consistency of self-reported psychiatric diagnoses was high. However, consistency of reporting a history of psychotic symptoms and a history of self-harm and suicide attempts was significantly lower. Reception mental health screening should incorporate other sources of information and form just one component in the process of identifying those in need of further mental health assessment or treatment in prison.

**ARTICLE HISTORY** Received 7 December 2023; Accepted 11 March 2025

**KEYWORDS** Mental health; prison; psychosis; screening; suicide

# Implications



- Screening approaches need to be broad and include multiple components for reliable identification needs
  - Introduction of the SDPR (Single Digital Patient Record) across NSW
- Targeted mental health interventions and adequate allocated funding are needed to address disproportionately high prevalence of mental health conditions amongst females and First Nations people
- Focus on preventing incarceration in the first place amongst those with mental illness
  - Mental health court diversion
  - Opportunities for identification of mental health conditions for young people in the community
  - Availability of assertive and culturally informed and safe treatment in the community

**Next steps** → Examining mental health appointments / health contacts within custody

# Acknowledgements

- Haya Yousif (ILP student)
- Professor Kimberlie Dean
- Trisha Lloyd
- A/Prof John Kasinathan
- Dr Reem Zeki
- Dylan Ngui (ILP student)
- Emma Woods
- Aboriginal Community Reference Group



[carey.marr@unsw.edu.au](mailto:carey.marr@unsw.edu.au)  
[m.murie@unsw.edu.au](mailto:m.murie@unsw.edu.au)

# References

- Butler, A., Young, J. T., Kinner, S. A., & Borschmann, R. (2018). Self-harm and suicidal behaviour among incarcerated adults in the Australian Capital Territory. *Health & Justice*, 6(1), 13. <https://doi.org/10.1186/s40352-018-0071-8>
- Dean K, Browne C, Chemjong P, et al. (2024) Testing approaches to mental health screening at prison entry, considering both concurrent and predictive validity in men and women. *International Journal of Forensic Mental Health*. Epub ahead of print 18 December. DOI: 10.1177/14999013241301096.
- Favril L, Rich JD, Hard J, et al. (2024) Mental and physical health morbidity among people in prisons: An umbrella review. *The Lancet Public Health* 9(4): e250–e260.
- Fazel S and Seewald K (2012) Severe mental illness in 33 588 prisoners worldwide: Systematic review and meta-regression analysis. *The British Journal of Psychiatry: The Journal of Mental Science* 200(5): 364–373.
- Mundt AP, Cifuentes-Gramajo PA, Baranyi G, et al. (2024) Worldwide incidence of suicides in prison: A systematic review with meta-regression analyses. *The Lancet. Psychiatry* 11(7): 536–544.
- Yee N, Browne C, Rahman F, et al. (2024) Prevalence of mental illness among Australian and New Zealand people in prison: A systematic review and meta-analysis of studies published over five decades. *Australian and New Zealand Journal of Psychiatry* 58(12): 1034–1046.