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21 December, 2009

To Whom It May Concern:

Re: Inquiry into the high level of involvement of Indigenous juveniles and young adults in the criminal justice system

The Mental Health Tobacco and Other Drugs Service (MHATODS) is an initiative of the Children's Health Service District (CHSD). MHATODS is a multi-disciplinary, multi-specialty provider of an integrated substance use and mental health service to young people at the Brisbane Youth Detention Centre (BYDC). MHATODS is a dual diagnosis service which had no existing precedent in terms of policies, procedures or protocols. Consequently it has been and continues to be ground breaking in developing a service to a unique and challenging population. Most of our clients come from backgrounds characterised by extremes of poverty, social adversity, abuse and neglect. There is good evidence that the majority suffer from a range of significant mental health problems and substance abuse though many have failed or been reluctant to access services within the community. Approximately 50% identify as being Indigenous. MHATODS has therefore developed a number of innovative services aimed at identifying and engaging Indigenous young people within detention.

Given that BYDC is currently managed through the Department of Community, MHATODS has also sought to develop strong intergovernmental links. In addition to direct clinical care to the young people, the Service provides expert advice to the Department of Communities staff and management in the detention centres regarding the psychological management, risk assessment and clinical follow up of young people on release. As a key service provider to BYDC, the Service also actively contributes to the interdepartmental care planning for young people in Queensland's youth detention centres.

MHATODS is not a diversionary service, given that we work with young people remanded in custody or serving a custodial sentence. However, given that many of Indigenous young people in detention have either not been assessed or have not engaged in community mental health or substance abuse services, MHATODS does have a unique role in the prevention and early intervention of mental health and substance misuse problems in a population that has historically been difficult to engage in the community. If MHATODS is able to effectively engage these young people while in detention, they will have the opportunity to receive psychoeducation, a comprehensive assessment, and appropriate treatment about mental health and substance use. MHATODS' sister service, the Child and Youth Forensic Outreach Service (CYFOS) facilitated engagement of young people into appropriate community services following their release from detention.

I believe that MHATODS' initiatives fulfill a number of the Terms of Reference for this Inquiry, specifically:

- The impact that alcohol use and other substance abuse has on the level of Indigenous juvenile and young adult involvement in the criminal justice system and how health and justice authorities can work together to address this;
- Best practice examples of programs that support diversion of Indigenous people from juvenile detention centres and crime, and provide support for those returning from such centres;

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- The scope for the clearer responsibilities within and between government jurisdictions to achieve better co-ordinated and targeted service provision for Indigenous juveniles and young adults in the justice system;
- The extent to which current preventative programs across government jurisdictions are aligned against common goals to improve the health and emotional well-being of Indigenous adolescents, any gaps or duplication in effort, and recommendations for their modification or enhancement.

I have the pleasure of presenting the attached submission to this important Parliamentary Inquiry.

Yours sincerely

Associate Professor Stephen Stathis
Consultant Psychiatrist, Mental Health Alcohol Tobacco and Other Drugs Service

On behalf of the Mental Health Tobacco and Other Drugs Service (MHATODS), I am pleased to provide a response to the Inquiry into the high level of involvement of Indigenous juveniles and young adults in the criminal justice system. This response provides details of Indigenous young people accessing Queensland forensic mental health services in Youth Detention. It also provides examples of MHATODS' work on engagement and treatment relating to Indigenous youth. Finally, two papers published by this Service in peer reviewed journals, and which relate directly to this topics, are included for your perusal in the Appendix.

Indigenous Young People In The Youth Justice System In Queensland.

Although they represent a relatively small proportion of youth in Queensland a high proportion of young people in the juvenile justice system are from an Indigenous cultural background. The Commissioner for Children and Young People's "Snapshot 2009" (Commission for Children 2009) gives a good insight into the level of over-representation of indigenous young people in the youth justice system. While Indigenous young people constitute between 2-4% of the young people in Queensland, they represented 26% of young people within youth justice system over the 2007-2008 year. In Queensland youth detention centres, almost two thirds of young people in June 2008 identified as being Indigenous, with rates of incarceration 25 times higher than those for non-Indigenous youth of the same age.¹

Child and youth forensic mental health services provide multi-disciplinary services to young people up to 18 years of age, with severe and complex mental health and substance use difficulties, who are involved or potentially involved in the juvenile justice system. These services provide assistance to one of the most socially disadvantaged and vulnerable groups of young people in the State. Within this disadvantage cohort, Indigenous young share a number of vulnerabilities including chronic social, family or educational adversity, and a history of multiple traumatic life events. Experience of abuse, neglect and trauma are commonplace and result in a significant proportion of young people in the juvenile justice system suffering from mental health and substance use disorders.

Queensland's Child and Youth Forensic Mental Health Services provide assistance to one of the most vulnerable groups of young people in the State. The prevalence of mental health and substance use problems is up to five times that of young people in the general community. For this population the experience of abuse, neglect and trauma are commonplace and result in a significant proportion of young people in the juvenile justice system suffering from mental health and substance use disorders.

MHATODS provides counselling and other services for young people with mental health, drug and alcohol problems within the Brisbane Youth Detention Centre (BYDC). Our own data indicates that the majority of Indigenous young people within BYDC screen positive for mental health problems, with high rates of depression, anxiety, suicidal thoughts and somatic complaints. Up to 90% are reported to use substances at dangerous levels or have a substance dependency.

Child and Youth Forensic Mental Health Services across Queensland.

Child and youth forensic mental health services provide direct services for young people residing in the BYDC and the Cleveland Youth Detention Centre in Townsville

(CYDC). The service also provides expert advice to the Department of Communities staff and management in the detention centres regarding the psychological management, risk assessment and clinical follow up of young people on release. As a key service provider to Brisbane Youth Detention Centre and the Cleveland Youth Detention Centre, the service actively contributes to the inter-departmental care planning for young people in Queensland's youth detention centres. Clinical interventions in the detention centre context are at least equal in range, quality, multidisciplinary approach, and consumer participation to those which would be expected in community based Child and Youth Mental Health Services (CYMHS).

Additionally, Child and Youth Forensic Mental Health Services provide an integrated consultation-liaison, mobile assessment and intervention service in the community, outreaching to a wide range of agency sites across the state. The service provides comprehensive specialised forensic risk assessments, assesses the potential for recidivism and provides strategies to mitigate risk. It also provides a court liaison service to a number of courts around Brisbane, Townsville, Mackay and Cairns. Lastly, the service also provides significant levels of training, consultation and co-case management, all of which are made available across an extensive geographical area.

In Southern and Central Queensland, the child and youth forensic mental health services are comprised of MHATODS and CYFOS. In North Queensland, similar child and youth forensic mental health services are provided under the title of the North Queensland Adolescent Forensic Mental Health Service (NQAFMHS).

Mental Health, Tobacco and Other Drugs Service (MHATODS)

The development of MHATODS represents a shift away from the traditional paradigm of separate substance use and mental health services currently applied across Australia.

The high level of co-morbidity between mental health and substance use disorders is recognised at both national and state levels.²⁻⁴ The National Drug Strategy emphasises the need for closer ties between mental health and substance treatment services, improvements in clinical practice approaches, and identified the need for specialised services for people in the criminal justice system.³ These policy directions have shaped the model of service provision that the MHATODS offers to juveniles in detention, who have been identified as being particularly at risk of both substance use and mental health difficulties.

The proportion of Indigenous young people assessed and treated by child and youth forensic mental health service in Queensland's two detention centres reflects their relative proportions in the detention centres' population as a whole. Roughly 50% of the clinical population in BYDC are Indigenous; the figure for CYDC is approximately 80%. MHATODS provides integrated drug and alcohol and mental health treatment to young people detained at BYDC. It is a service which aims to be of particular benefit to the many young people in detention whose mental health disorders and substance abuse problems are strongly related.

The Mental Health Alcohol Tobacco and Other Drugs Service (MHATODS) is part of a package of mental health, sexual health, oral health and drug and alcohol services to the BYDC. MHATODS operates from the on-site health centre located within BYDC which is run by Queensland Health. An important feature of this service lies in

its integration into the Detention Centre's Secure Care process, providing a holistic approach to individual care planning. MHATODS has regular weekly meetings with the BYDC Case Managers, during which time information about shared clients are discussed and case plans proactively managed. MHATODS also provides Treatment Plans to the Case Managers are part of a comprehensive, integrated case management process.

The major aims of the MHATODS service include:

1. To address the specific health needs of this group of young people and in particular the high level of co-morbidity between mental health, drug and alcohol problems. Young people are offered an integrated mental health and drug & alcohol service.
2. To provide to young people in detention, the same high quality of service that is available to their peers in the community.
3. To provide an accessible service to Indigenous young people. The service employs indigenous health workers as a key element in its strategy to engage and retain Indigenous clients. The Service has a commitment to employ Indigenous staff where possible.
4. To improve the traditionally low rates of referral to, and uptake of, services from local CYMHS and Alcohol, Tobacco, and Other Drugs Service clinics in the community, thereby ensuring a continuity of care across the two settings.

Clinical Services to Indigenous Youth

Role of the Indigenous Health Worker

Creating a service that is equally accessible to all young people in detention has been a core objective in the development of MHATODS. During MHATODS' initial planning phase, it was anticipated that engagement of Indigenous young people in the assessment of mental health problems and substance misuse would be a considerable challenge. Following consultation with Indigenous stakeholders, it was recommended that MHATODS established guidelines for the development of the non-clinical role of an Indigenous Health Worker. Personal engagement and the building of therapeutic relationships with individual young indigenous people lies at the heart of this approach. This has been identified in the literature as a key element in effective mental health service delivery to this group of patients.^{5,6}

MHATODS views the role of the Indigenous health worker as being critical to the success of the service. The Indigenous health worker acts as a cultural broker, linking Indigenous young people with the clinicians, vouching for the service, and though daily interaction with the young people in their living quarters builds up a pervasive culture of acceptance of MHATODS, which is vouched from existing detainees to those newly admitted to the Centres.

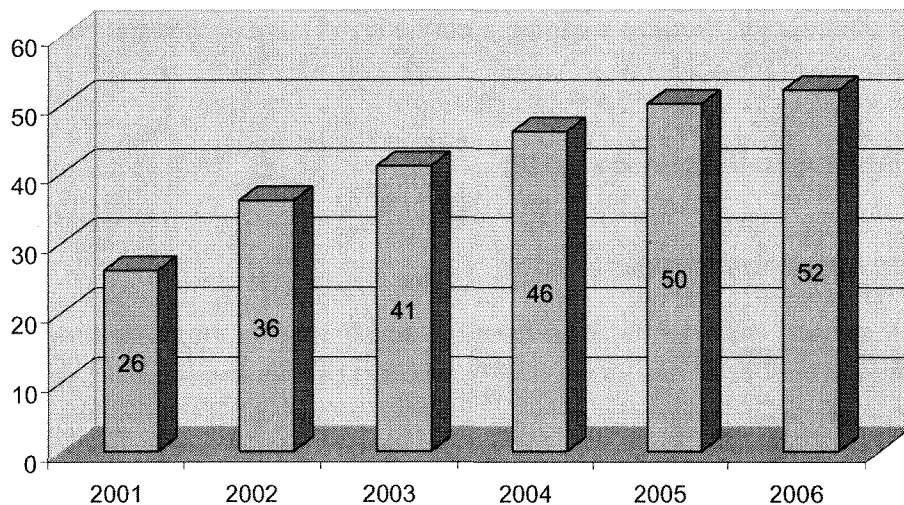
MHATODS has published data demonstrating that Indigenous people entering BYDC have the same likelihood of being assessed and treated as their non-Indigenous peers. This equity of access has not come about automatically. A great deal of work has been done over time to make the services more culturally appropriate and more easily accessed by Indigenous young people. While MHATODS has spent much time in developing the Indigenous Health Worker role, the Service has also employed

other initiatives to increase referral rates for indigenous young people in detention with mental health and substance misuse problems. These have included:

- Automatic referral for all young people on admission into detention;
- Detention centre staff workshops aimed at helping detention staff identify mental health and substance use issues in young people; and
- Indigenous specific substance use pamphlets available to all young people.

These initiatives have been reflected in increased referral rates for both Indigenous and non-Indigenous young people. The percentage of Indigenous young people referred to MHATODS has increased in on incremental basis, accounting for 41% of total episodes of service in 2003/4. Rates have since continues to rise, with Indigenous young people now accounting for 50% of all referrals from 2005, a percentage that continues today and reflects the numbers of Indigenous youth people .

Percentage of Indigenous Episodes of Service



Further details of MHATODS' approach can be found in the attached paper "*The role of an Indigenous Health Worker in contributing to equity of access to a mental health and substance abuse service for Indigenous young people in a youth detention centre*".⁷

Mental Health

Notwithstanding the high rates of mental health problems and substance misuse within the adolescent forensic population, there is little data comparing the prevalence of mental health or substance misuse disorders between Indigenous and Non-Indigenous young people in youth detention. This is despite Indigenous youth having been identified in National Health policies as being at particular risk for mental illness.⁸⁻⁹ There is also no current national database on the prevalence of mental disorders in the Indigenous population, as the Australian Bureau of Statistics does

not report details of the mental health of Indigenous Australians. This was due to concerns that past survey questions may not have been culturally appropriate,¹⁰ though a subsequent ABS publication¹¹ suggested that high levels of mental health problems amongst Indigenous Australians could be extrapolated from other health-related data.¹² While the available evidence is not comprehensive, it does indicate that Indigenous youth in detention are likely to suffer from higher rates of mental health issues than their Non-Indigenous peers.

MHATODS has conducted a study of the screening rates for various mental health problems which has provided useful information regarding the mental health needs of Indigenous young people in detention.

High levels of mental health problems were reported, with 81.2% of Indigenous and 75.0% of non-Indigenous young people scoring above the clinical cut-off on at least one of the mental health screening scales. It was initially speculated that this lack of difference between Indigenous and non-Indigenous youth might suggest that the MAYSI-2 screening tool was not culturally appropriate for Indigenous Australians. Another explanation would be that while such differences do exist in the wider community, this is not the case in the youth detention population. Young people in detention represent one of the most socially deprived and neglected groups in the Australian community. In this concentrated pool of disadvantage, the wider variance in mental health problems may be stripped out, leaving very little difference in the prevalence of such problems between Indigenous and non-Indigenous youth. A further study is planned for 2010, using a screening tool specifically designed for Indigenous youth (Westerman Aboriginal Symptoms Checklist – Youth; WASC-Y).

Further details can be found in the attached paper *“Use of the Massachusetts Youth Screening Instrument to assess mental health problems in young people within an Australian youth detention centre”*.¹³

Suicide and Self-harming Behaviours

Young people at greatest risk for suicide share a number of social and psychological factors, including poor social supports and coping strategies, unemployment, a past history of abuse or neglect, drug and alcohol misuse, a previous history of suicide threats or attempts by a friend or relative, and a past psychiatric history.^{14,15} Such factors are common for Indigenous and non-Indigenous young people in the youth justice system, who suffer from suicide prevalence rates up to four-times that of young people in the community.^{16,17} Furthermore, a high proportion of young people in detention may be diagnosed with other mental health problems (depression, conduct disorder, post-traumatic stress related issue) which potentially compound their suicide risk during the stress of incarceration. Risks are heightened in many Indigenous youth in BYDC given their limited supports in Brisbane, being “away from country”.

In risk adverse environments, it is more expedient to have procedures that place young people on high suicide observations for a short period of time while their behaviour is monitored, rather than missing young people who are truly suicidal, with potentially disastrous consequences. This is unlikely to change. However, youth detention centres ideally need culturally appropriate processes to differentiate and assess youth who are acutely suicidal from those who are not currently at significant risk in order to develop strategies to ensure a young person’s safety while in custody.

MHATODS has reported on the weak agreements that exist in the assessment of risk for suicide between a staff working under a detention centre framework and a clinical assessment performed by trained mental health clinicians.¹⁸ MHATODS has recommended further research in this area and broad discussion toward development of national guidelines to standardise the assessment of suicide risk for young people in youth detention (including Indigenous youth). MHATODS has also recommended that validated instruments be developed to guide detention centre staff and clinicians in the management of potentially suicidal young people.

Drug and Alcohol Services

The Royal Australasian College of Physicians and the Royal Australian and New Zealand College of Psychiatrists have acknowledged the dangers of alcohol misuse across the lifespan.¹⁹ Risks of alcohol and illicit drug abuse is increased in young people with a childhood history of social and psychological adversity²⁰⁻²² all of which are commonly found in those admitted into custody. Indigenous young people are at increased risk for substance misuse during adolescence²³ and are also overrepresented within the youth justice system.

The link between substance misuse and delinquency is complex. However, up to 70% of juveniles report being intoxicated at the time of their offence.²⁴ Young people who are detained or arrested by police report higher incidence of substance use than the general adolescent population, though less than the young people in detention.²⁵ The need to address alcohol and substance misuse is therefore an important health issue for young people in custody. Furthermore, the significant co-morbidity between substance misuse and mental health problems is now recognised at national and state levels.^{2,26,27}

Despite considerable evidence of the high levels of co-morbid mental health problems and substance use disorders in young people within the youth justice system, and emerging evidence that brief motivational interventions are beneficial in reducing alcohol misuse among adolescents there are limited counselling programs within youth detention specifically designed to meet the needs of this vulnerable population.²⁸ It is unknown if these programs may be extrapolated for use in Indigenous youth. However, given the increased interest in reducing juvenile crime and recidivism, the current challenge is to support the development of innovative models for the assessment, management and treatment of juveniles with co-morbid substance use and mental health problems within the youth justice system, preferably informed by evidence based practice.

Indigenous Drug & Alcohol Pamphlets

MHATODS has developed a series of educative drug and alcohol pamphlets aimed at indigenous young people primarily in the juvenile justice setting who may have literacy problems. The pamphlets cover a range of substances including alcohol, cigarettes, marijuana, chroming and amphetamines – these being the most commonly used substances as reported by young people in detention.

The need for such pamphlets has been evident from a recent review of the materials available which found that most materials were pitched at an older grouping, and demanded higher levels of literacy than are found in the disadvantaged group of young people who constitute our client population.

The pamphlets are innovative in that they are culturally appropriate both in content and imagery. MHATODS actively consulted young people in detention throughout the process to ensure the pamphlets were appealing to them. Considerable thought went into the language used and the level of explanation required. MHATODS also incorporated a motivational interviewing approach which is commonly used in drug and alcohol services across Australia.

Proposals for Future Development of Services

The broad direction for Queensland's services to children and young people with mental health problems involved in the Youth Justice system are summarised in the Queensland Plan for Mental Health 2007 to 2017.²⁹ Among the expected outcomes of the Plan relevant to youth in detention is an improvement in capacity to respond to the mental health needs of Aboriginal and Torres Strait Islander people. Inter-sectorial collaboration is strongly promoted in the Queensland Mental Health Plan. One of its key underpinning principles is the focus on co-operation, collaboration and partnerships as key elements in the Mental Health system. It recognises the importance of a range of sectors including Justice in promoting mental health and reducing the impact of mental health problems and mental illness. MHATODS is keenly interested and well represented within this process.

Submissions have recently been made for enhancements to services for forensic youth and Indigenous forensic youth specifically under the second round of funding covering the years 2010 to 2017. It is not yet known which of the suggested enhancements will be approved for additional funding. While most of the proposed enhancements will benefit both Indigenous and non Indigenous young people struggling with mental health issues and in contact with the law some, many will be for particular benefit to our Indigenous clients. These includes the employment of additional Indigenous Health Workers, recognising the importance MHATODS' places of their role within the service.

Recommendations

MHATODS would respectfully submit the following recommendations to the Inquiry.

1. Indigenous-specific National Guidelines be developed for the management of mental health, drug and alcohol problems in young people in youth detention.
2. Indigenous-specific National Guidelines be developed for the assessment and management of suicidal and self-harming behaviours for young people in youth detention.
3. The Indigenous Health Worker role is incorporated within all mental health and substance abuse services within youth detention.
4. Co-ordinated mental health and substance use assessment for all young people admitted into detention.
5. Voluntary drug and alcohol counselling to be offered to all young people in detention.
6. Development of Indigenous-specific drug and alcohol pamphlets and programs
7. Facilitated referral of Indigenous young people to appropriate community drug and alcohol programs following release from custody
8. Automatic acceptance of Indigenous young people into local mental health services following release from custody.

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