

# Submission on the Independent Review of Youth Detention, Discussion Paper October 2016

## Headline issues

To provide a submission on some of the issues outlined in the Independent Review of Youth Detention Discussion Paper, October 2016. This submission will focus on issues that pertain to the effectiveness of therapeutic and cultural programs delivered in the Brisbane Youth Detention Centre as these issues are of particular significance and have potential impact on the CHQ Forensic Child and Youth Mental Health Service.

## Background

Pursuant to the Commission of Inquiry Act 1950 (Qld) and Commissions of Inquiry Order (No. 1) 2016, the Youth Detention and Young Prisoner Review (the Review) commenced an independent inquiry into the operation of the Brisbane Youth Detention Centre.

Discussion Paper Issue Six: Programs and services delivered in youth detention centres including addressing causational issues underlying offending behaviour

Young people in youth detention are a highly vulnerable and disadvantaged group of young people who have complex care needs across a variety of domains. Young offenders typically have significant mental health difficulties, which are often complicated by substance use and intellectual disability.

*Child Health Queensland (CHQ) Forensic Child and Youth Mental Health Service (CYMHS) in youth detention*

The Forensic CYMHS provides developmentally appropriate mental health and substance use assessment and treatment programs for young people in youth detention. When the service was first established, a "universal" model of care was adopted by which every young person entering the Brisbane Youth Detention Centre was assessed for mental health and substance abuse problems. Over the past decade, the population in the Brisbane Youth Detention Centre (BYDC) has more than doubled with no resultant increase in CYMHS staffing. In response to the increased numbers of young people in detention, Forensic CYMHS implemented a "triage" model of care focussing on young people referred by BYDC staff as having the highest level of need for mental health and substance use intervention. Consequently, there are a proportion of young people in detention with mental health and substance use difficulties who under the present assessment and triage model do not receive any intervention. These young people tend to present with mental health and substance use issues that fall within the mild to moderate spectrum. This represent a cohort of young people in youth detention with an unmet clinical need that who would potentially benefit from early intervention strategies. CHQ child and youth forensic mental health would advocate strongly for increased resources to address the gap in service delivery. Resources would include: additional clinical staff, a commensurate increase in escorts which are employed by BYDC, to facilitate movement of young people between sections in the facility and the health centre, access to additional therapy rooms and increased office space within the BYDC health centre, to accommodate additional clinical staff.

## *Offence-specific treatment*

Mental health and drug and alcohol issues can underpin offending behaviour for some young people. For these young people, engagement in interventions that target these factors can positively impact on their risk of offending. However, most young people have multiple criminogenic needs and some of these dynamic factors are not directly targeted in programs currently available in youth detention. There are many possible reasons why young people in youth detention have limited access to offence specific treatment. Most of the young people in custody are on remand. This poses a challenge for clinicians because of the potential risk that evidence could be inadvertently contaminated during the course of offence specific therapy for criminal



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charges that have not formally been adjudicated. Another issue that can be a barrier to providing offence specific intervention in youth detention is the length of stay, which is currently approximately averaging thirty days due to the high remand population. The relatively short length of stay can make it difficult for clinicians to provide treatment interventions that effectively target the causational issues underlying the offending behaviours. In order to be effective, offence specific interventions need to target risk factors that are unique to the young person and need to appropriately target risk and responsivity factors. Finally, these interventions must be delivered by staff that are trained, experienced, and ideally supported within the clinical governance structure of a specialist service. It would be recommended that further consideration be given to addressing offence specific interventions and resourcing a specialist service such as CHQ Forensic CYMHS to undertake this work.

#### *Changes to the Youth Justice Act*

The move of 17-year-olds from the jurisdiction of the adult Criminal Code to the Youth Justice Act is likely to increase the number of young people in custody. The management of 17-year-olds in youth detention will likely result in an increase in the severity and frequency of mental health problems and in particular psychotic disorders, given the trajectory of the development of these disorders during adolescence and early adulthood. This is likely to lead to significantly increased service demand, which could also include a greater need for transfer to adolescent mental health inpatient facilities. This will pose challenges given the absence of any secure adolescent mental health beds in Queensland. The other issue of note pertaining to the move of 17-year-olds to youth detention is that provision of developmentally appropriate clinical care becomes even more complex, given the difference significant developmental differences and unique needs of young children and older adolescents. Additional clinical resourcing will need to be sought to address the increase in the BYDC population.

#### *Transitions Program*

Forensic CYMHS currently operates a Mental Health Transitions program for Aboriginal and Torres Strait Islander young people, which is funded non-recurrently under the Queensland Aboriginal and Torres Strait Islander Health Investment Strategy. The program targets young people leaving youth detention, who reside in the Brisbane catchment area. Under the program, a mental health clinician and/or an Indigenous Health Worker helps link young people in with mental health and other support services in the community. As part of the program, young people can receive up to four follow-up appointments in the community to support their transition into the community. With additional resources, which include but are not limited to increased staffing, motor vehicles and information technology, Forensic CYMHS could provide an enhanced Transitions program. The enhanced program could involve extending the service to non-Indigenous young people as well as Indigenous young people and expanding the catchment area beyond the Brisbane metropolitan region. There may also be opportunity for the Forensic CYMHS clinician to provide more direct clinical follow-up in the community and continue treatment that commenced in detention with more resources. There is considerable evidence that, once a therapeutic alliance has been established, young people achieve better outcomes by continuing this alliance than by terminating and having to commence with a new service and therapist. The possibility of providing continuity of treatment in part via telehealth for young people residing in rural and remote areas may also be an option if the appropriate resourcing was available.

#### *Multi-systemic interventions*

There is a large body of evidence to suggest that multi-systemic interventions that address the causes of the young person's behaviour across a number of domains tend to be associated with positive health and social outcomes for the young person. Consistent with this framework, an integrated approach to case management and treatment planning has received strong empirical support. Adopting such an approach draws upon the expertise and resources from a number of related services in establishing and maintaining service delivery within a holistic framework and also serves to identify gaps in service delivery and reduce duplication in service provision. Multi-systemic treatment approaches which extend to family based interventions which involve collaborating with the young person's family in treatment and transition planning, providing carer support and psycho-education and family therapy have been shown to have positive therapeutic outcomes and may reduce the risk of offending. Currently, there are resourcing and logistical issues which make it difficult for detention centre staff and clinicians to provide family based interventions.



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Moving forward, therapeutic programs that give clinicians with the opportunity to work collaboratively with the young person's family and directly provide family based interventions would be highly recommended.

#### *Specialised Assessments*

A large number of young people in detention require specialised assessments, some of which include speech and language, occupational therapy and cognitive assessments. It would highly be advantageous for young people to receive these specialised assessments while they are incarcerated to enable access to appropriate supports in the community. Moreover, the assessments are likely to yield more accurate results if administered while the young person is in youth detention given the contained and structured nature of the environment. Given the complexity of the client population, it is essential that clinicians providing such assessments are appropriately trained in their respective specialised area of practice.

#### *Parenting and early attachment intervention programs*

There is a growing need for parenting and early attachment intervention programs for young people in youth detention given the apparent increase in the number of young people in custody who have become parents. Programs that are designed to enhance attachment security between parents and children are demonstrated to have a number of positive outcomes. Some of these benefits include increased empathy, greater self-esteem, better relationships with parents and peers, enhanced school readiness, and an increased capacity to handle emotions for both children and their parents.

#### *Trauma-informed practice*

Trauma-informed practice is a strengths-based framework that is responsive to the impact of trauma on the individual. Trauma informed care demonstrates promise in increasing young people's responsivity to evidence-based interventions in custody. This is not a surprising finding given the high prevalence of trauma in young people who are involved with the criminal justice system. Most of the staff working within the youth detention centre have received formal training on working within a trauma informed framework and the preliminary findings have indicated that there have been many positive outcomes for young people in youth detention since this approach was adopted. It is recommended that all detention staff continue to receive formal training in working within a trauma informed paradigm to create a calm and safe environment within the detention centre which may have the additional benefits of reducing adverse incidents, aiding staff morale and establishing a therapeutic milieu in detention which would lead to improved clinical outcomes for the young person.

#### *Group programs*

There is sufficient evidence to support the effectiveness of group programs for the youth justice population, including young people in detention. Forensic CYMHS currently provides a number of psychoeducational and therapeutic group programs in detention, some of which are based on principles of Cognitive Behavioural Therapy (CBT) and Dialectical Behaviour Therapy (DBT). These programs aim to promote distress tolerance and emotional regulation and have been shown to have positive treatment outcomes. With greater resources, Forensic CYMHS clinicians could expand group therapy service provision consistent with current evidence based practice, including programs that are based on the Good Lives and Good Way model which have yielded positive outcomes for young and adult offenders in custodial settings.

In summary, young people in youth detention have access to therapeutic programs but require additional targeted services. The unmet clinical need relates to individual and group mental health and substance use assessment and treatment services to all young people in youth detention (regardless of the severity of their issues). The introduction of interventions that target the causal issues which underpin offending behaviour and are systemic in nature and extend to family, parenting and attachment programs would also be advantageous. It is imperative that all treatment interventions are holistic, recovery orientated and trauma informed. A mandated interdepartmental approach to case management could lead to enhanced service co-ordination, resulting in more efficient and cost-effective service provision, better health and social outcomes for the young person and reduced rates of re-offending and readmission.



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## Discussion Paper Issue Seven: Current cultural programs and services and their effectiveness in addressing the specific needs of Aboriginal and Torres Strait Islander young people in youth detention

### *Mental Health Transitions program*

CHQ Forensic CYMHS currently provides a number of cultural programs to young people in youth detention. As detailed above, the Mental Health Transitions program provides assistance to Aboriginal and Torres Strait Islander young people with accessing appropriate follow-up support in the community upon their release from youth detention. As part of the program, young people can receive up to four follow-up appointments to support their transition into the community. The program could be enhanced so that Aboriginal and Torres Strait Islander who reside beyond the Brisbane metropolitan region could be offered more direct clinical follow-up in the community to support their reintegration into the community with greater resources. With additional resources, clinicians would be in a position to facilitate access to educational and vocational supports as well as develop increased linkages with Indigenous Elders and mentors in the community to maximise chances of successful reintegration into the community for Aboriginal and Torres Strait Islander young people.

Given the overrepresentation of Aboriginal and Torres Strait Islander young people in youth detention relative to the general population, there is a significant need to boost the cultural capabilities of all detention centre staff to ensure that services provided to young people in detention are culturally competent. In addition to cultural awareness training, increased opportunities for liaison with Elders from Aboriginal, Torres Strait Islander and Culturally and Linguistically Diverse cultural backgrounds and greater access to cultural advisors are considered essential to ensure that both clinical and non-clinical staff in youth detention are culturally competent.

### *Aboriginal and Torres Strait Islander Service Integration Coordinator*

Forensic CYMHS hosts an Aboriginal and Torres Strait Islander Service Integration Coordinator (SIC) whose role is to support Aboriginal and Torres Strait Islander young people access clinical and cultural support in their home environment upon their release from youth detention. With additional resources, the Aboriginal and Torres Strait Islander SIC could establish more collaborative care coordination interagency models to enable young people with complex care needs access wraparound support in their home community as part of their transition out of detention.

### *Challenges*


There are a number of challenges that impact on the availability and implementation of cultural programs in youth detention. Aboriginal and Torres Strait Islander young people are not a homogenous group. Given the diversity of the cultural beliefs and practices among Aboriginal and Torres Strait Islander young people in youth detention, access to appropriate cultural specific advice can be difficult to obtain, particularly for young people from remote and regional areas. Working within a holistic framework is central to effective service delivery when working with young people but is absolutely essential when working with Aboriginal and Torres Strait Islander young people. Increased engagement with families and community based supports is likely to positively impact on young people's recovery, particularly for Aboriginal and Torres Strait Islander young people. Although these interventions are likely to yield more positive therapeutic outcomes, systemic interventions tend to be more resource intensive in nature. Moreover, the availability of Indigenous Liaison Officers and appropriately trained cultural advisors can be limited as the demand often exceeds the availability of suitably trained staff.

### **Consultation**

- **Dr Scott Harden, Medical Director Forensic CYMHS**
- **Judi Krause, Divisional Director CHQ CYMHS**
- **Frank Tracey, Executive Director Community, Mental Health and Statewide Services.**

### **Financial Implications**

All of the areas of changes and additions to service delivery constitute opportunities to improve the mental health and social outcomes of young people in the youth detention centre which may also have the additional benefits of reducing offending rate, but they all come with potential resource costs which are yet to be determined.

Approved / Not Approved	Noted
<b>Signature:</b> 	<b>Date:</b> 26 / 10 / 2016

**Frank Tracey**  
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