



Youth Mental Health Policy Briefing

Double Jeopardy

Developing specialised mental health care for young people engaging in offending behaviours

Young people are at greater risk of experiencing mental ill-health and participating in offending behaviour than any other group in the community. Despite these risks, specialised mental health services for young offenders and preventive forensic services for young people with mental ill-health in Victoria are limited or inadequate.

Providing appropriate evidence-based treatment and timely access to services for this population will improve the mental health and life prospects of individuals and will contribute to building safer communities.

The *Youth Justice Review and Strategy* released in 2017 by the Victorian Department of Justice and Regulation provided an extensive overview of the youth justice system in Victoria. An earlier version of this paper was provided to the report authors. This policy brief considers five areas covering the spectrum of youth contact with the justice system with a forensic mental health lens.

Issues

Early intervention to reduce offending

Contact with the courts provides an opportunity for early identification of young people who require specialised forensic mental health treatment, and the potential for diversion opportunities. The potential of early intervention has been neglected in the Victorian youth justice system.¹ Integrated mental health services for young people are required across the state to intervene early to effectively treat mental disorders among this population, reduce rates of illness-driven offending and recidivism, and build more functional pathways for these young people to schooling or employment. An evaluated trial of a specialised early intervention forensic mental health service to address these outcomes is needed.

Integrated programs for young people with co-occurring mental illness and offending

Specialised mental health treatment needs to be integrated with interventions to address offending behaviours (including via community supervision or other justice orders). Specialised clinics that can provide services proportional to criminogenic risk, located in mental health services, need to be trialled and evaluated. These services are needed in metropolitan Melbourne, regional centres and rural areas where young people live, as this increases the likelihood of effective engagement and treatment.

Culturally appropriate services for Aboriginal and Torres Strait Islander young people

Aboriginal and Torres Strait Islander young people are overrepresented in the youth justice system. Culturally safe and appropriate services are required at all points of contact with specific youth-focused initiatives that incorporate the five priority areas identified in the Department of Justice and Regulation's *Aboriginal Social and Emotional Wellbeing Plan*. A dedicated mobile mental health service should be trialled to provide culturally safe services to Aboriginal and Torres Strait Islander young people where they live, in collaboration with local community-led health, wellbeing and cultural programs.

Specialised inpatient mental health services

A range of severe mental disorders are present among the youth training centre population. Access to specialised inpatient youth mental health services is limited, and the complexity of accessing such services is a strong disincentive to referral for treatment. Ready access to forensic youth mental health beds is required to support the delivery of specialised mental health treatment. The Victorian government allocated funding in the 2017/18 budget for two beds² and plans for the new youth custodial facility at Cherry Creek to include 12 mental health beds.¹

Ongoing care

Supported integration with a community-based specialised mental health service is needed to ensure a continuity of care approach is available to young people transitioning from the justice system. The trial and evaluation of such a service and a re-integration program needs to be undertaken.

Why specialised mental health services are needed

Young people are at greatest risk of experiencing the onset of mental ill-health and participating in offending behaviour. Despite the risk, specialised mental health services for young people falling in to these two categories are inadequate.

Young people

Criminal offending peaks in adolescence and young adulthood³, coinciding with the highest rate of onset mental illness (12 to 25 years)⁴. The prevalence of mental ill-health is higher among young people engaged in the justice system and is increased among young people in residential detention.⁵ There is also a link between the seriousness of crimes committed and mental disorders, with a higher proportion of violent crimes committed by people with psychosis.⁶ Although young people connected with the justice system experience a higher prevalence of mental ill-health they are less likely to have accessed mental health services.⁷

Although mental health data is reported for adult prisoners it is not collected for young people. The Juvenile Justice National Minimum Data Set does not include mental health data. The Australian Institute of Health and Welfare has undertaken a feasibility study for the potential development of data collection to monitor the health of young people under youth justice supervision.

The format of specialised mental health services will also need to incorporate appropriate responses and services for young people from culturally and linguistically diverse populations.

Aboriginal and Torres Strait Islander young people

Aboriginal and Torres Strait Islander young people are overrepresented in the Victorian justice system by a factor of 11.⁸ This overrepresentation demands specific services be developed and implemented for this group. The *Victorian Aboriginal Justice Agreement* identified the need to strengthen 'early identification and appropriate referral of Koori youth with mental health issues and/or alcohol and other drug issues.'⁹ The agreement also recognised the importance of strengthening cultural connections for Aboriginal and Torres Strait Islander young people at risk or already in contact with the justice system. The complexity of mental health needs of offenders has been identified as a challenge in reducing contact. The complementary *Aboriginal Social and Emotional Wellbeing Plan* does not, however, address the particular needs of young people. Youth-focused initiatives are required that incorporate the five priority areas identified in this plan.¹⁰

Inadequate services

Recent national initiatives and reforms have addressed gaps in the mental health system. However, disadvantage continues to be ‘particularly evident in forensic contexts’¹¹ Primary and community mental health services are often hesitant to accept young people with behavioural and alcohol and other drug issues, especially if they have an offending background. A ‘perceived organisational bias’ has been identified in public hospitals.¹¹

Access to specialised inpatient youth mental health services is limited, current inpatient units do not meet the security requirements for housing people in youth training, and compulsory treatment of the most severely unwell young people cannot legally be undertaken in custodial settings.

Within residential facilities minimal primary mental health services and generic programs fail to provide the breadth of specialised treatment required. The Victorian Ombudsman has previously found that the Melbourne Youth Justice Precinct was ‘struggling to meet adequately the needs of children who are seriously mentally ill’.¹² Young people who could benefit most from treatment are being denied the specialised mental health services they need, despite negotiated protocols for access to outpatient and bed-based mental health services, overseen by the Office of the Chief Psychiatrist.

What specialised mental health services are needed

There are multiple opportunities to provide specialised mental health services to young people at different stages of contact with the justice system.

Early intervention

Contact with the justice system provides an opportunity for early intervention with young people to address mental health needs (if appropriate) and to reduce the risk of escalating involvement with the justice system or mental health services. Clinically based mental health assessments would provide guidance for the

courts on the appropriate diversionary pathway and mental health interventions proportionate to the level of mental ill-health and criminogenic risk.

This could be accomplished via a diversion program, whereby young people are referred to forensic specialists for interventions that focus not only on how mental health issues might contribute to offending, but also on cognitive and behavioural aspects that underpin much offending (e.g. attitudes towards using violence to solve problems, or manage distress).

For example, there is evidence for the use of Multisystemic Therapy in promoting pro-social behaviour among young people engaged in offending behaviour¹³, including Aboriginal and Torres Strait Islander young people¹⁴.

In the United States analysis of established diversion programs (not all with mental health components) have identified positive reductions in recidivism and cost-benefit ratios (see Appendix A). The early identification of suitable participants is a factor in the success of diversion programs.¹⁵ Assessment for a diversion program should include mental health screening to identify the potential for opportune specialised mental health interventions.

Treatment

Specialised forensic mental health treatment is required by many young people in the justice system or who are engaging in violence and offending behaviours. The risk for serious offending among individuals with severe mental disorders warrants priority resourcing of treatment services.

A stepped care model would ensure the right level of treatment was provided to the right people at all stages of engagement with the justice system. There is evidence for what works with young people engaged with the justice system. A summary of United States mental health programs for young people in the justice system has analysed the effect on crime and, where data was available, the cost-benefit ratio (see Appendix B). Treatment needs to continue to be provided following the completion of a supervision order through integration into community-based mental health services to support a young person’s transition.

Workforce

The success of early intervention, diversion programs and mental health treatment is highly dependent on the capacity and resourcing of the workforce to deliver these programs and services. The client-worker relationship and a sense of collaboration supports the goals of these approaches. For example, the use of rewards and a non-blaming approach in community-based supervision of young people had the strongest association with lower reoffending.¹⁶ The importance of workforce capacity is also evident in the need for cross-cultural training to ensure safe and appropriate support for Aboriginal and Torres Strait Islander young people and culturally diverse young people.

Opportunities

The clinical experience of Orygen Youth Health means that it is well placed to lead the development of a forensic youth mental health service in Victoria. Partnership with forensic mental health services would provide expertise and organisational structure to build a statewide forensic youth mental health service.

There is the potential for new and innovative specialised mental health programs for young people at every stage of contact with the justice system. A trial of specialised mental health services would permit evaluation and assessment of the best evidence-based options for treating young people and improving services.

A specialised mental health care trial for young people engaging in violence and offending behaviour would facilitate the validation of existing evidence and the collection of further evidence. Treatment and economic evidence will enable informed policy and budget decisions relating to programs to support young people and community safety.

Early intervention to effectively treat mental disorders among this population and reduce offending

For some young people contact with the Children's Court, Children's Koori Court and Magistrates' Court may provide the best opportunity they have had to be assessed for, or provided with access to, mental health services. Providing early interventions to vulnerable groups and young people experiencing mild to moderate mental ill-health can reduce the risk of further involvement in the justice system.

Where a more severe mental disorder is evident there is an opportunity to refer a young person to specialised forensic mental health treatment. Diversion programs facilitate the most appropriate response to a young person's need for mental health treatment, offending behaviour and criminogenic risk.

Integrated mental health services for young offenders are required across the state to intervene early to effectively treat mental disorders among this population, reduce rates of recidivism, enhance community safety and build more functional pathways for these young people to schooling, training or employment. An evaluated trial of a diversionary program informed by clinical mental health assessments is needed. Diversion pathways are required for young people with mild to moderate mental ill-health and more severe mental disorders. Referrals will also need to take into account the level of offence committed and assessed risk.

Integrated programs for young people with co-occurring mental illness and offending

Many young people with offending behaviours would benefit from access to specialised mental health treatment. Treatment interventions need to be integrated with community supervision or other justice orders to address the role mental ill-health can have in contributing to offending behaviours. The courts need to be guided on the appropriate treatment options and services required by young people being sentenced to community supervision orders.

Specialised clinics located in mental health services need to be trialled where young people live to maximise the likelihood of effective engagement and treatment. The availability of established youth mental health services and workforce capability will inform the location of trial sites in metropolitan Melbourne, regional centres and rural areas. Trials would be developed and conducted in collaboration with existing court advice and support services. In addition, a dedicated mobile mental health service should be trialled to provide culturally safe services to Aboriginal and Torres Strait Islander young people where they live in collaboration with local community-led health, wellbeing and cultural programs. The trialling of new approaches to deliver mental health services to young people provides an opportunity to develop an evidence-base and new knowledge.

Culturally appropriate services for Aboriginal and Torres Strait Islander young people

There is a need for culturally appropriate and safe programs and services for Aboriginal and Torres Strait Islander young people engaging in violence and offending behaviours. For young people coming into contact with the justice system, or at risk of contact, programs are needed that strengthen a person's connection with culture and community to support their wellbeing. For young people with complex mental health needs culturally safe and appropriate services are required. Access to these services is required for young people with, or at risk of, offending behaviour or violence in contact with the justice system or who present to mental health services.

A range of cultural and wellbeing programs operate in Aboriginal and Torres Strait Islander communities aimed at strengthening ties with culture and reducing the risk of initial or further contact with the justice system. Yet, recent reviews have found a shortage of culturally appropriate youth justice services for Koori young offenders.¹ A review of what is working in Victoria and other jurisdictions is required to establish an evidence-base for enhancing these programs and facilitate an iterative cycle of evaluation and improvement across Victoria. A collaborative effort is needed to identify evidence-based programs that might be suited to adaptation or inform the development of a new program for Aboriginal and Torres Strait Islander young people.

Collaboration with Aboriginal and Torres Strait Islander organisations working with young people with mental ill-health and offending behaviour is a requisite of any work to be undertaken.

Specialised inpatient mental health services

Young people residing in youth training centres present a range of severe mental disorders. The severity of disorders and, where present, the risk of serious reoffending demands resourcing of specialised inpatient mental health services. Sufficient resources are required to address the limitations of existing services which is a disincentive to referral for treatment.

Ready access to forensic mental health beds is required to support the delivery of specialised mental health treatment. Compulsory treatment of the most severely unwell young people cannot legally be undertaken in custodial settings. Without access to forensic mental health beds young people will not have access to similar evidence-based care available in the community.

The Victorian government is establishing two beds as an interim measure with plans for 12 beds in the new youth custodial facility at Cherry Creek. There appears to be some uncertainty, however, about the policy direction for long-term youth forensic mental health beds with the Legal and Social Issues Committee (Victorian Parliament) reporting in March 2018 that it supports the establishment of these beds within the adult facility at Thomas Embling Hospital.¹⁷

Ongoing care to integrate young people with community services

Transition back into the community can present challenges for young people. These challenges will be ameliorated for young people with mental ill-health if continuity of treatment can be achieved. Supported integration with community-based specialised mental health services is needed as part of existing pre- and post-release programs to ensure a continuity of care. Post-release support services need to be provided for up to two years to be effective.¹⁷

To ensure services are delivered to this population, specific funding, workforce capacity building and appropriate programs are required. Family and community support needs to be incorporated into re-integration programs to support young people, including specific services for Aboriginal and Torres Strait Islander people. The trial and evaluation of transitional mental health services and re-integration programs needs to be undertaken.

Appendices

Appendix A

Evidence summary of selected diversion programs from Australia and the United States.

Program	Evidence	
Australia		
Links program (WA)	The program provides clinical assessments to the Children's Court and outreach services connecting young people with community-based services. Beginning as a pilot in 2013 the program has been extended. ¹⁸	
Youth Support Service and bail supervision (Vic)	In 2014-15 there was a 37.2 per cent reduction in youth on community supervision orders due to diversion programs. ¹⁹	
Magistrates Court Diversion Program (SA)	Although it is an adult program, an evaluation report identified 'what works' to maintain engagement in the program. ²⁰	
	Disorder	'What works'
	Bipolar	continual reinforcement of the need to comply with treatment and medication
	Personality	involvement with only one agency and one case worker
	Schizophrenia	programs with clear guidelines and boundaries and direct consequences for non-compliance
	Anxiety	programs that increase motivation and engagement with treatment
Alcohol/other drug	interventions that assist with living arrangements and daily functioning	
Aboriginal Youth Mental Health Partnership (SA)	Providing appropriate mental health support and services for young people involved in, or at risk of involvement in, the justice system increased staff capacity and accessibility and cultural appropriateness of services. ²¹	
Panyappi Mentoring Programme (SA)	Formal connections between young people with risky or criminal behaviour and Elders enhanced trust, self-belief and cultural identity. ²²	
United States		
Adolescent diversion project	Judges trained and have greater diversion options available to them; 20 per cent reduction in crime and a cost-benefit ratio of 22.0. ²³	
Other family-based therapy programs	12.2 per cent reduction in crime and a cost-benefit ratio of 2.7. ²³	
Teen courts	Cases heard and judged by peers; 11.1 per cent reduction in crime and a cost-benefit ratio of 10.8. ²³	

Appendix B

Evidence-base for psychosocial treatments for juvenile offenders on probation and in detention (US).

Program	Brief description	Effect on crime ²³	Cost-benefit ratio ¹³
Probation			
Functional Family Therapy (FFT)	Case management undertaken in phases Involve family as support	-15.9 %	8.9*
Multisystemic Therapy (MST)	Change environment to promote pro-social behaviour	-10.5 %	3.0*
Detention			
Cognitive behavioural therapy (CBT)	Change relationship to maladaptive thinking to change behaviour	-25.0 %	Not available
Counselling, psychotherapy		-18.9 %	Not available

* 2015 data.

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