

**Mental Health Commission Responses to questions on notice at
Legislative Assembly
Committee on Law and Safety hearing on 8 May 2018**

QUESTION ON NOTICE 1

Ms JENNY LEONG: Basically, you have talked about the need to improve support for young people to be able to access the link to services. Can you give some examples of what you think has worked, where it is working, what are the models and what that would look like in terms of being able to identify earlier the need for young people who do need service support, how that might be best played out and if you have examples of where that has worked well in the past or pilot programs or other things that have occurred?

RESPONSE

Current services and delivery models

The Justice Health & Forensic Mental Health Network delivers health services primarily to patients during their time in custody, and some limited programs supporting patients in the pre-custody and post-custodial periods. This Network forms a vital component of the NSW public health system through its support of a highly vulnerable patient population whose health needs are often numerous and more complex than the wider community.

The Network's Adolescent Health service delivers healthcare to young people in the six juvenile justice centres across NSW. The centres are staffed seven days a week with health staff. The services include access to specialist mental health, primary care, drug and alcohol, oral health, Aboriginal health, women's health and sexual health clinicians.

The health-based youth diversion models that are currently in place include:

- The Adolescent Court and Community Team. This service assesses young people with suspected mental illness appearing before 21 Children's and Local Courts. It identifies diversion options into community-based care. This advice is provided to the Magistrate to inform their judgement and sentencing options. In 2016/2017, of the 766 young people referred to the Team, 566 (74 per cent) were diverted.
- Teen Get on Track in Time (Teen Got It). This service aims to provide therapeutic interventions to young people and their parents, where the young person is the defendant in an application for an Apprehended Violence Order in NSW Children's Courts. In addition, the program involves schools/education so that the skills learned in the therapeutic program can be reinforced in the school/educational setting.

Other Network programs that support reduced reoffending include:

- The Community Integration Team (CIT). This service navigates post-release care of young people with significant mental health and/or problematic drug and alcohol use leaving custody, including supporting linkages to community-based health and support services and providing brief psychotherapeutic interventions. In 2016/2017 there were 618 young people referred engaged in this service. Of these, 53 per cent identified as Aboriginal.
- School Link. This service provides expertise and knowledge about the education system to Adolescent Mental Health clinicians so that they can assist young people with mental health issues, accessing appropriate educational opportunities. The program aims to strengthen links between education and mental health services.

Improving young people's access to mental health services

The Justice Health & Forensic Mental Health Network has advised that it is supportive of exploring opportunities that are evidence-based and whole-of-government.

Some areas of focus that could be pursued in NSW include:

1. Training of staff in child and adolescent forensic mental health.
2. Develop and retain a skilled workforce.
3. Develop a state-wide or national framework of standards of health care including:
 - (a) mental health screening of all young people who appear before the courts,
 - (b) mental health screening and assessment of all young people in custody,
 - (c) making treatment offered in custody equitable to that received in the community.
4. Community follow-up by services such as Child and Adolescent Mental Health Services and Youth Mental Health Services with specific intervention for disruptive behaviour disorders.
5. Assertive discharge planning to ensure that young offenders access community treatment.

Focusing on early intervention

As general principles for effective early interventions to maximise long term outcomes, service provision should:

- be an evidence-based and whole-of-government approach to treatment and care, to adequately address the health needs of at-risk populations;
- commence in the ante-natal period and continue throughout life - this should involve school interventions for young people with disruptive behaviour disorders, as well as parenting programs.
- focus on enhancing young people and their family's sense of agency, and support their active involvement in maintaining good physical and mental health.

Pilot programs

I refer the Inquiry to the submission by the NSW Government, which mentions pilot programs such as the AVO-Got IT! Program and the Youth on Track Program, which are showing promising early results.

QUESTION ON NOTICE 2

Ms STEPH COOKE: You have stated that a history of trauma is common among people who come into contact with the criminal justice system, and that there is a need to increase capacity of staff to deal with this issue. Others have stressed that staff need to be cognisant of intergenerational trauma. Do you have any further comment on that? Are you able to provide any concrete examples of trauma-informed practice amongst staff?

RESPONSE

Trauma-informed practice is essential to modern mental health best practice, and particularly across all the human services that deal with families and young children.

The effects of previous traumatic experiences are important triggers for how young people cope with the therapeutic and custodial elements of the justice process. Accordingly it is critically important that trauma-informed practice be a fundamental aspect of diversionary efforts.

I understand that the Justice Health & Forensic Mental Health Network seeks to cater to this through specialist health experts, evidence-based interventions, culturally-informed practice, and collaboration with government and non-government agencies to support and provide appropriate community placements for young people with complex health and social needs. The Network works to build relationships with other agencies in the justice process to target and support young people most at risk for more intensive interventions, and is aware of the need to upskill its staff to utilise a trauma-informed approach to care.

Current diversion programs work within a trauma-informed model of practice, and particularly target the over-representation of Aboriginal young people in custody, courts and community in contact with the criminal justice system. I understand that the Adolescent Mental Health and Drug and Alcohol Program is also scoping the development of an Adolescent Court Diversion and Bail Support Program modelled on the Network's successful Adult Aboriginal Court Diversion Program.

Within the Forensic Hospital, the approach to care is both recovery-focused and trauma-informed.