3 March 2017

The Secretary
Legal and Social Issues Committee
Parliament House, Spring Street
EAST MELBOURNE VIC 3002

By email to: youthjusticevic@parliament.vic.gov.au

Dear Secretary

Re: Inquiry into youth justice centres in Victoria

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to contribute to the Legal and Social Issues Committee's Inquiry into youth justice centres in Victoria (the Inquiry). Like many others, the RANZCP was concerned at recent events regarding the Parkville and Malmsbury Youth Justice Centres. As such, the RANZCP strongly agrees with the purposes of the Inquiry.

The RANZCP has almost 6000 members, including more than 4000 fully qualified psychiatrists, many of whom have specific interest and expertise relevant to the Inquiry. In developing this submission, the RANZCP worked closely with its expert members and representatives, to ensure that the recommendations made reflect clinical excellence, community experience and insight.

The RANZCP is concerned at punitive approaches to the management of youth justice services which are unlikely to resolve the behavioural issues of children and young people in youth justice centres. Instead, the RANZCP recommends a trauma-informed approach which has the potential to support at-risk children and young people on their paths to recovery and rehabilitation, and to support staff in youth detention centres in the management of children and young people under their care.

Given the significant link between trauma in childhood and future psychiatric and social problems, the RANZCP also advocates for the adequate provision of developmentally appropriate mental health care to children and young people in youth detention, with at least equivalence to best practice community standards. Studies have shown that treatment for mental health issues is an effective way to decrease recidivism in mentally ill offenders and is essential for any meaningful attempt to rehabilitate young offenders.

The RANZCP also affirms the significant benefits of a justice reinvestment approach to criminal justice involving measures to decrease rates of incarceration and recidivism by investing in services in the community. The value of a justice reinvestment approach lies in its potential to direct resources away from prison building and into community building, thereby strengthening and empowering communities to help people at risk of developing mental health issues and reduce offending.

309 La Trobe Street, Melbourne VIC 3000 Australia
T +61 3 9640 0646 F +61 3 9642 5652
ranzcp@ranzcp.org www.ranzcp.org
ABN 68 000 439 047

Finally, the RANZCP advocates for attitudes and practices within youth justice systems that are guided by compassion and founded on a commitment to ensure that supportive, caring and non-traumatising early experiences are provided for all children and young people.

Please see the attached submission which we hope will be of assistance in the Inquiry.

If you would like to discuss any of the issues raised in the submission, please contact [redacted]

Yours sincerely

[redacted]

Professor Malcolm Hopwood
President

[redacted]

Associate Professor Richard Newton
Chair, Victorian Branch Committee

Ref: 0633o

The Royal Australian & New Zealand College of Psychiatrists

RANZCP Victorian Branch submission to the Standing Committee on Legal and Social Issues' Inquiry into Youth Justice Services in Victoria

March 2017

maximising opportunities for recovery

309 La Trobe Street, Melbourne VIC 3000 Australia
T +61 3 9640 0646 F +61 3 9642 5652
ranzcp@ranzcp.org www.ranzcp.org
ABN 68 000 439 047

Royal Australian and New Zealand College of Psychiatrists Victorian Branch submission

Standing Committee on Legal and Social Issues' Inquiry into Youth Justice Services in Victoria

About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises government on mental health care. The RANZCP is the peak body representing psychiatrists in Australia and New Zealand, and as a bi-national college has strong ties with associations in the Asia-Pacific region.

The RANZCP has almost 6000 members, including more than 4000 fully qualified psychiatrists. Psychiatrists are prominent among clinical leaders in the provision of mental health care and use a range of evidence-based treatments to support a person in their journey of recovery. The RANZCP is guided on policy issues by a range of expert committees whose membership is made up of leading psychiatrists with relevant expertise, and consumer, carer and community representatives.

Executive summary

There is a significant body of evidence documenting the links between mental health issues and incarceration, as well as between childhood trauma and future psychosocial problems. Children and young people in detention exhibit higher rates of mental health issues than the general population and studies have shown that treatment for mental health issues is an effective way to decrease recidivism in mentally ill offenders. Mental health care can also help to alleviate the impact of the psychological stresses of the detention setting for children and young people at risk of developing mental disorder.

In recent years, the youth justice system has been moving away from a supportive and rehabilitative model to one more punitive/restrictive. This can be seen in shifts in the staff culture as well as the government's responses to recent events, including the housing of young offenders in high-security prisons, the increased arming of guards and the transfer of responsibility for youth justice centres to Corrections Victoria. Punitive approaches to the management of youth justice services, however, are unlikely to resolve the behavioural issues of detainees; instead, they serve to reinforce the sense of mistrust experienced by many children and young people in custody. Without a trauma-informed approach to the management of youth justice centres, at-risk children and young people will continue to face significant obstacles in their paths to recovery and rehabilitation, and staff in youth detention centres will continue to face significant difficulties in managing children and young people in their care.

The RANZCP therefore advocates for a youth justice system separate from the adult justice system, characterised by the adequate provision of mental health and rehabilitation services and founded on attitudes and practices that are guided by compassion and a commitment to ensure that supportive, caring, and non-traumatising early experiences are provided for all children and young people in our care. While the RANZCP accepts that increased security measures may be necessary for a small number of seriously violent or recidivist offenders, a major move away from a rehabilitation focus for the majority of detainees would be a tragic outcome of recent events, likely to leave detainees more traumatised, demoralised and tarnished by their exposure to such a setting.

The RANZCP also affirms the significant benefits of a justice reinvestment approach to criminal justice involving measures to decrease rates of incarceration and recidivism by investing in services in the community. Intervention strategies targeting the mental health of children and young people, particularly those who have experienced significant trauma and adversity, reduce the likelihood of adverse outcomes in relation to criminal offending. Thus, the development and implementation of strategies for the prevention and treatment of psychiatric disorders associated with increased incarceration rates is critical in efforts to reduce offending and guide young offenders towards recovery and rehabilitation.

Summary of recommendations

Mental health services

- Mental health screening of all children and young people in detention to assess their mental health, neuropsychiatric, drug and alcohol, and developmental needs:
  - upon intake, at a minimum
  - after the use of seclusion and/or restraint
  - at regular intervals.
- Provision of evidence-based and developmentally appropriate mental health and drug and alcohol services, delivered by a multidisciplinary team, including family and non-verbal therapies and access to subspecialist assessments and treatments, including offence-specific interventions.
- Construction of a specialised forensic treatment centre for children and young people in contact with the youth justice system who are in need of inpatient treatment, located and managed independently of custodial services.
- Provision of developmentally appropriate educational and recreational services.
- Policies guaranteeing equivalence of health care for those with mental illness in the criminal justice system, taking into account the higher prevalence of mental disorder amongst individuals in custody when compared to the general community.

Trauma-informed care

- The development of strategies to ensure that youth justice facilities are founded on trauma-informed approaches to treatment and rehabilitation.
- The development of long-term strategies aimed at reducing, and where possible, eliminating the use of seclusion and restraint, including lockdowns.
- Adequate facilities which cultivate an environment of safety, including:
  - consistent and unobstructed access to toilet facilities
  - respect for privacy when showering and toileting
  - appropriate rooming arrangements
  - temperature control
  - natural lighting
  - adequate cleaning and maintenance.

Cultural competency

- Education and training of staff in youth detention facilities around cultural competency including trauma-informed care and the effects of transgenerational trauma on the developmental and mental health of Aboriginal and Torres Strait Islander children and young people.
- Targeted services in youth detention facilities to meet the health needs of Aboriginal and Torres Strait Islander and culturally and linguistically diverse children and young people.
- Approaches that promote the preservation of ties between Aboriginal and Torres Strait Islander and culturally and linguistically diverse children and young people and their communities.

Staff training and support

- Thorough screening of potential staff members for suitability.
- Increased support of youth detention staff members to ensure they are psychologically equipped to deal with crisis situations and other workplace hazards.
- Improved education and training of staff in youth detention facilities around the development and mental health needs of children and young people, including appropriate responses to challenging behaviours such as threats or actual instances of self-harm and suicide, and how best to involve family members.
- The inclusion of relevant facts about harmful practices in the training curriculum of youth detention staff members, including how to be sensitive when dealing with individuals affected by harmful practices in the past, and to understand the consequences of traumatic memories in the present.

A justice reinvestment approach

- Increased investment in intervention programs for children and their families through partnerships between mental health services, schools, youth work and other related organisations.
- Age-appropriate screening and assessment of mental health concerns and risk factors in all children and young people known to child protection services and mechanisms to ensure that recommendations arising out of mental health assessments can be implemented.
- Targeted justice reinvestment initiatives for:
    - parents and young people with alcohol and other substance abuse disorders
    - children and young people with conduct disorder, and their families
    - Aboriginal and Torres Strait Islander communities.
- Built-in evaluations for all trials of prevention and early intervention programs for children and young people to determine whether they have provided value in terms of justice reinvestment.

Contents

Introduction

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to contribute to the Legal and Social Issues Committee's Inquiry into youth justice services in Victoria (the Inquiry). In developing this submission, the RANZCP worked closely with its expert members and representatives to ensure that the recommendations made reflect clinical excellence, experience and insight. This included consultation with pre-eminent child and adolescent, and forensic, psychiatrists from relevant Victorian and bi-national RANZCP Faculties and Sections.

The RANZCP strongly approves of the purposes of the Inquiry. Increasing demands on youth detention systems require appropriate resourcing and management to ensure the protection and rehabilitation of detained children and young people. Complicating this is the intrinsic tension at the heart of the youth justice system between the principles of rehabilitation and risk management. The RANZCP is concerned at the Government's current policy direction which appears to be sacrificing the former for the latter.

Although the RANZCP recognises the risk management imperatives of youth justice services, we believe that these should not come at the expense of attitudes and practices that are guided by compassion and founded on a commitment to ensure that supportive, caring, and non-traumatising early experiences are provided for children and young people in our care. Punitive approaches are counterproductive to risk management as they are unlikely to resolve behavioural issues; instead, they serve to reinforce the sense of mistrust experienced by children and young people who have experienced trauma. While the RANZCP accepts that increased security measures may be necessary for a small number of seriously violent or recidivist offenders, a major move away from a rehabilitation focus for the majority of detainees would be a tragic outcome of recent events, likely to leave detainees more traumatised, demoralised and tarnished by their exposure to such a setting.

Children and young people in detention exhibit higher rates of mental health issues and are more likely to have a history of trauma than the general population. The detention setting itself can present significant additional psychological stresses. Housing young offenders in high-security prisons and transferring responsibility for youth justice centres to Corrections Victoria are unlikely to facilitate the creation of a rehabilitative setting for young offenders. By emphasising punishment over rehabilitation, these policies are more likely to increase the psychological strains placed upon children and young people during their time in detention, thereby compromising efforts to reduce recidivism rates by facilitating recovery and rehabilitation.

Given the significant links between mental health issues and incarceration, and between childhood trauma and future psychosocial problems, the RANZCP believes that adequate resourcing for mental health care is imperative to reduce rates of youth incarceration and recidivism. This is true in relation to both youth detention centres and child protection services, where large numbers of at-risk children and young people may be identified and provided with suitable services to aid them in their recovery and/or rehabilitation. Unfortunately, these systems all too often provide experiences which compound trauma and mental health issues, rather than alleviate them.

The RANZCP also affirms the significant benefits of a justice reinvestment approach to criminal justice involving measures to decrease rates of incarceration and recidivism by investing in services in the community. Intervention strategies targeting the mental health of children and young people, particularly those who have experienced significant trauma and adversity, reduce the likelihood of adverse outcomes in relation to criminal offending. Thus, a justice reinvestment approach encompassing the development and implementation of strategies for the prevention and treatment of psychiatric disorders associated with increased incarceration rates is critical for efforts to reduce offending and guide young offenders towards recovery and rehabilitation.

Background

The link between childhood trauma and future psychosocial problems is so well documented that it is practically an axiom of contemporary psychiatric knowledge. Early childhood is the period of greatest vulnerability to stress-related changes to the brain with the majority of neurological development associated with language, values and complex cognitive and emotional functioning determined in these early years of life. Infants who experience extremes of abuse or neglect are at risk of failure to thrive, reduced brain size, impaired development and ongoing mental health issues. These factors can have significant implications for the way infants grow to make sense of the world around them and develop the core sense of themselves (RANZCP, 2015b).

Children exposed to dysfunctional family situations can develop behavioural difficulties stemming from the unpredictability of their world leading to a lack of verbal and conceptual understanding of the interaction between their inner world and surroundings. These children may experience other people as sources of terror or gratification, rather than fellow human beings, which may lead to further problems in social settings (Streeck-Fischer and van der Kolk, 2000). Adverse childhood experiences are known to be highly co-occurring and strongly associated with the onset of psychiatric disorders (Haliburn, 2014). Children and young people with experiences of trauma are more likely to resort to physical conflict and self-medication in attempts to increase feelings of security (Burrell, 2013; Vuong et al., 2009).

A study by the Australian Institute of Criminology found that 46% of detained children and young people reported experiencing either neglect, emotional or physical abuse (AIC, 2006). For many children who have experienced trauma, support and treatment from universal primary care services such as GPs and school programs will be enough to address the sequelae of trauma. For others, mental health outcomes may be more deleterious and require the attention of specialist services (RANZCP, 2015b). Unfortunately, many children and young people at risk of criminality may face difficulties engaging with mainstream services, or may require specialist interventions which are not readily available.

However, it would be overly simplistic to attribute violent and/or criminal behaviour solely to the experience of trauma as most people from traumatic backgrounds do not develop these behaviours. Furthermore, rooting one's emotional or behavioural problems to past events risks anchoring a person, and the justice system itself, within a passive framework that allows and accepts continued emotional and behavioural problems as the unavoidable results of past occurrences. It is therefore important to explicitly acknowledge the need for rehabilitation to encourage young offenders to find better ways of conducting themselves in spite of whatever injustices may or may not have befallen them in the past.

Mental health profile of children and young people in detention

There is a significant body of evidence which demonstrates that children and young people in detention exhibit higher rates of mental health issues than the general population. The Department of Human Services in Victoria itself noted that:

> Those young people who are detained in custody are amongst the state's most vulnerable young people. This cohort is characterised by significant disadvantage, including family dysfunction and breakdown, low educational attainment, long term, intergenerational unemployment, low/impaired cognitive development, mental health problems, homelessness and significant substance misuse (Ombudsman, 2010).

Furthermore, a survey of young offenders in Victoria found that:

- 24% presented with mental health issues
- 33% had a history of self-harm or suicidal ideation

- 16% presented with issues concerning intellectual functioning
- 85% were alcohol users
- 86% were drug users
- 92% of cases were related to alcohol or drug use.

Risk factors for suicidality are more prevalent among detained children and young people (National Action Alliance for Suicide Prevention, 2013) and youth incarceration itself has been found to be associated with increased risks of suicidality and psychiatric disorders including depression, substance abuse, and behavioural disorders (Barnert et al., 2016; Casiano et al., 2016). Epidemiological studies in the US indicate that 40–55% of detained adolescents meet the diagnostic criteria for behavioural disorders including conduct disorder and oppositional defiant disorder, 60–70% meet the criteria for non-behavioural mental disorders while 45–50% meet the criteria for a substance abuse disorder (White et al., 2016). Australian studies have found less pronounced but nevertheless significantly above average rates of mental illness among young people in detention (Kasinathan, 2015).

Conduct disorder bears particular mention here as it is a common childhood disorder marked by a persistent pattern of disruptive behaviour that infringes upon the rights of others or violates social norms. Symptoms include verbal and physical aggression, cruel behaviour toward people and pets, destructive behaviour, lying, truancy, vandalism, and stealing. Young people with conduct disorder may cause serious physical and psychological harm to others and are over-represented in justice systems. Epidemiological studies show a correlation between those who experience psychiatric disorders in childhood and adulthood, with children and young people with conduct disorder at particular risk of developing further mental health problems later in life (Kim-Cohen et al., 2003).

Aboriginal and Torres Strait Islander children and young people in detention

Young Aboriginal and Torres Strait Islander people are more likely than other ethnicities to be incarcerated with the Australian Institute of Health and Welfare (2013) finding that 75% of detained young people in Victoria were from this group. Aboriginal and Torres Strait Islander people also suffer from high levels of psychiatric morbidity and mortality as well as high levels of drug and alcohol disorders and compromised well-being, far in excess of non-Indigenous Australians. Aboriginal and Torres Strait Islander children are over 10 times more likely to be in out-of-home care than non-Indigenous children in Victoria (SCRGSP, 2014) while Aboriginal and Torres Strait Islander women and girls are 31 times more likely to be hospitalised due to family violence related assaults than their non-Indigenous counterparts, according to national figures (COAG, 2010).

There are complex social and historical reasons for this. Evidence shows that the Stolen Generations policies have led to higher rates of incarceration, physical and mental ill health, substance abuse, self-harm, suicide and mortality in Aboriginal and Torres Strait Islander communities (HREOC, 1997). Many Aboriginal and Torres Strait Islander children who were removed from their families experienced severe and protracted trauma including deprivation of attachment figures and culture, confinement, physical abuse, exploitation, and sexual abuse. Removal of Aboriginal and Torres Strait Islander children continues at unacceptably high rates (RANZCP, 2015a). The experiences of Aboriginal and Torres Strait Islander children and young people need to be understood in the context of the transgenerational trauma experienced by this population, compounded by individual traumatic exposures and lacks in schooling, employment and cultural self-determination.

The effects of detention on the mental health of children and young people

Before examining the particular conditions of youth justice facilities in Victoria, it is important to note the effects of detention itself on the mental health of children and young people. The removal of a child from their home is a highly stressful experience encompassing the child's loss of liberty, personal identity and familiar landscape, compounded by the loss of social supports and coping mechanisms including family and friends, school, sports and other activities. Events of this kind will place psychological stresses on any child with at-risk children and young people more vulnerable to the effects of psychological trauma (Burrell, 2013). Furthermore, prior experiences of trauma are difficult to address in detention settings where continued exposure to stress is likely to impact adversely on recovery.

The protection and strengthening of a child's attachment relationships is central to promoting healthy development and well-being. Many children and young people who come into contact with the youth justice system have already experienced significant disruptions to their attachments, and their relationships with caregivers are often tenuous at the time they enter detention. The separation engendered by detention is likely to further disrupt the abilities of children and young people to maintain their attachment relationships, causing significant psychological harm.

Studies of children in immigration detention facilities are telling. Although there are many differences between these population groups, some points nevertheless bear mentioning. Immigration detention has been found to have detrimental effects on the development and mental health of children including the potential of prolonged detention to cause long-term damage to social and emotional functioning (RANZCP, 2014b). While even short periods of detention have been found to impact children's functioning (Dudley et al., 2012), children detained for long periods of time have been found to be at high risk of suffering mental illness and post-traumatic stress symptoms. There is also clear evidence establishing a relationship between the length of detention and the severity/comorbidity of psychiatric disorders (Bull et al., 2012).

It is therefore the RANZCP's position that the detention of children should only occur as a last resort. Wherever possible, children and young people who have committed offences should be managed in community settings with primary caregivers to ensure their attachment relationships are not threatened. Where detention does occur, it should be for the shortest possible period of time and with the decision informed by the best interests of the child. Children in detention should be treated with dignity and respect, have adequate access to health care and non-clinical supports, and undergo an assessment of the impact of family separation and the availability of alternate attachment figures. This is particularly significant for Aboriginal and Torres Strait Islander people given the complexity of their family relationships arising from systems of kinship.

Mental health services

The correlations between mental ill health and incarceration are well documented (White et al., 2016), attesting to the importance of providing appropriate mental health care to detained children and young people. Detainees experiencing mental illness are more vulnerable to other detainees and pose a higher suicide risk; they also pose a considerable challenge to prison management. Both correctional and health agencies have responsibilities in relation to detainees but their competing priorities can be difficult to reconcile.

Decreasing recidivism should be a priority for youth justice systems and the provision of mental health care is critical to achieving this. Mental illnesses, including conduct and substance abuse disorders, have been linked with higher rates of recidivism in a number of studies (Kasinathan, 2015; Gordon et al., 2012; Ryan et al.; 2013). Conduct disorder is also a recognised antecedent of schizophrenia (Hodgins et al., 2007) which also acts as a predictor of recidivism (Kasinathan, 2015). Reasons for the relationship between mental ill health and recidivism may include impairments in cognition, including attention and memory deficits, and poor insight (Kasinathan, 2015).

Recidivism rates have been found to be responsive to treatment for mental health issues (White et al., 2016; Kasinathan, 2015). Three treatments in particular have emerged as effective treatments for detained children and young people: multisystemic therapy, functional family therapy and multidimensional treatment foster care (Henggeler and Schoenwald, 2011). Effective treatment, including access to treatment for alcohol and substance abuse, criminogenic needs, psychosocial rehabilitation and pre-release planning, is essential for any meaningful attempt to rehabilitate young offenders.

The current situation

The RANZCP was concerned about the Victorian Ombudsman's finding in 2010 that the Parkville Youth Justice Precinct was 'struggling to meet adequately the needs of children who are seriously mentally ill, including detainees who are suicidal or display self-harming behaviour' (Ombudsman, 2010, p.14). The Ombudsman also reported that staff did not feel that their training was adequate to manage detainees with mental health conditions, particularly when this involved suicidality. It is the RANZCP's understanding that mental health services available to children and young people in detention are still not adequate to meet their needs, with regard to both assessment and treatment.

Section 485(1)(e) of the *Children, Youth and Families Act 2005* allows the granting of temporary leave to a detainee requesting voluntary treatment. Furthermore, detainees requiring involuntary psychiatric treatment can be transferred to hospital in accordance with the *Mental Health Act 2014*. However, admissions are negotiated on a case-by-case basis, and security and other requirements for particular types of offending can be particularly challenging for inpatient units within child and adolescent mental health services (CAMHS). The RANZCP would therefore strongly approve of the building of a specialised youth forensic treatment centre, as has also been recommended by the Victorian Law Reform Commission (VLRC, 2014).

The RANZCP is concerned about the proposed building of 12-bed mental health unit within a high-security youth justice centre. The RANZCP would welcome more details on the proposal, including whether these beds will be gazetted under the *Mental Health Act*. While it is imperative that more facilities be provided for children and young people in custody who require inpatient psychiatric treatment, the RANZCP holds that these would be best provided in a separate facility located external to the custodial institution and operated by health staff, not custodial staff. This is because there are a number of risks with housing a mental health facility within a custodial facility associated with the

continuing stresses of the custodial environment, limited access to multidisciplinary teams and the conflation of organisational goals. These may increase the risk of the incorrect labelling of disruptive behaviour as psychiatric illness and inappropriate restraint and seclusion practices. Furthermore, 'the necessity of compelling treatment only in a hospital setting provides suitable immediacy that transfer may be expedited, lest otherwise it is terminally delayed while stopgap measures occur' (Sullivan and Mullen, 2012). The RANZCP would therefore support the construction of such a facility within a larger mental health hospital, forensic hospital or adjacent to a civil adolescent mental health unit.

In particular, the RANZCP opposes the provision of involuntary psychiatric treatment in custodial settings. Involuntary mental health treatment in custody violates human rights and compromises clinical practice. The National Statement of Principles for Forensic Mental Health states that 'legislation should not allow coercive treatment for mental illness in a correctional setting' (Mental Health Standing Committee of AHMAC, 2006). Where children and young people in detention centres are diagnosed with conditions requiring intervention but refuse treatment, they should be treated in hospitals to ensure that proper safeguards apply and vulnerable prisoners are not placed at risk of direct harm.

Other services

As centres of rehabilitation, youth detention systems should have robust programs to ensure adequate education and recreation for all detained children and young people, characterised by continuity of care by trusted compassionate staff. The right to education is one of the most fundamental rights and is enshrined in the *International Covenant on Economic, Social and Cultural Rights* (UN, 1966). The RANZCP understands that there have been issues at the Parkville Youth Justice Precinct in the past regarding the provision of educational and recreational activities for detainees (Ombudsman, 2010). Despite the implementation of the Ombudsman's recommendations, there appear to be ongoing issues around the provision of adequate programs (Cunningham, 2017).

It is essential that children and young people be provided with robust programs to keep them occupied, teach them valuable skills and help them on their journeys of recovery and rehabilitation. Without adequate services, the behavioural issues of detained children and young people are likely to persist. Increasing security to offset these difficulties will do little to address the underlying issues.

Recommendations

Appropriate policies and practices must be developed with a broad range of goals in mind including rehabilitation, the treatment of mental health issues and the avoidance of trauma. The principle of equivalence, which affirms the rights of individuals to health care which is appropriate to their needs, regardless of their legal status, is stated and reaffirmed in various United Nations instruments including:

- *Basic Principles for the Treatment of Prisoners* (1990a)
- *Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care* (1991)
- *Convention on the Rights of Persons with Disabilities* (2009).

In order to comply with this principle, detainees suffering from mental illness must have access to the same quality of service or treatment as their non-offender counterparts.

Given the significantly higher rates of mental illness among children and young people in the youth justice population, all children and young people who enter custody should, at a minimum, receive a screening health assessment upon entry to custody. The National Commission on Correctional Health

Care in the USA recommends that facilities implement behavioural screening within 14 days of intake followed by daily treatment services upon request (Committee on Adolescence, 2011). Assessment of children and young people in detention should assess for mental health as well as neuropsychiatric disorders such as autism spectrum disorder, intellectual disability and language disorders. Mental health functioning in child and young people in detention should be assessed by CAMHS psychiatrists or other mental health specialists with appropriate expertise.

Even when the diagnostic criteria for a psychiatric disorder are not met, the detention setting still heralds serious implications for the healthy psychosocial development of detainees. For example, what is often interpreted as delinquent behaviour within detention facilities is usually best understood as a response to the traumatising effects of the punitive program. It may in fact be the normal functioning of children who have experienced abuse and/or neglect and thus assumed the responsibility for taking care of themselves (Burrell, 2013). Access to mental health care is necessary, not only because of the high prevalence of psychiatric disorder among young detainees, but also due to the increased psychological stresses of the detention setting itself and the removal of detainees from their homes and communities.

Monitoring by psychiatric professionals should be mandated for all children and young people in detention. If concerns are identified, then that person should be offered a comprehensive assessment including examination of the roles of environmental deprivation, availability of parental emotional support and traumatic exposure in contributing to mental and developmental well-being. Where children and young people in detention centres are diagnosed with conditions requiring intervention, referrals should be made for appropriate interventions including education and occupational training.

After assessment, each detainee should be assigned a case manager who will help them access whatever programs may be deemed appropriate (e.g. education, skills training, mental health, drug and alcohol). The case manager may determine when a review of programs is necessary. The case manager should follow the young person through their time in custody and, if the young person is willing, for a time after they leave to provide continuity of care. Without this follow-through, the risk is that the positive effects of interventions to which the young person had access while in custody while soon be lost upon their transition back into the community. Services in youth justice centres should therefore integrated with community services so links can be maintained.

Services offered should cover a range of therapies. Family therapy should be offered as often children and young people with families who are motivated to stay involved in their lives are the ones with the greatest prospects for the future. It is essential that these families are supported to maintain healthy relationships. At present, they are not given this opportunity. Non-verbal approaches (e.g. music therapy, drama, art therapy, play therapy, sensory-motor approaches) are also required, especially for children and young people with early traumas which may not be accessible by verbal therapies.

Finally, protocols are required between youth justice and CAMHS at local and central levels, to ensure appropriate relationships and service pathways (via triage, secondary consultation, etc.) are built and maintained. It is important that the relationship between health and youth justice staff be characterised by cooperation rather than antagonism. The RANZCP is concerned at reports that this is increasingly not the case. The RANZCP also acknowledges the benefits of providing training in youth forensic issues for the CAMHS clinical staff who do not yet have competency and experience in this area.

Recommendations

- Mental health screening of all children and young people in detention to assess their mental health, neuropsychiatric, drug and alcohol, and developmental needs:
  - upon intake, at a minimum
  - after the use of seclusion and/or restraint
  - at regular intervals.
- Provision of evidence-based and developmentally appropriate mental health and drug and alcohol services, delivered by a multidisciplinary team, including family and non-verbal therapies and access to subspecialist assessments and treatments, including offence-specific interventions.
- Construction of a specialised forensic treatment centre for children and young people in contact with the youth justice system who are in need of inpatient treatment, located and managed independently of custodial services.
- Provision of developmentally appropriate educational and recreational services.
- Policies guaranteeing equivalence of health care for those with mental illness in the criminal justice system, taking into account the higher prevalence of mental disorder amongst individuals in custody when compared to the general community.

Trauma-informed care

Trauma-informed approaches are fundamental to best practice mental health care and their relevance within the youth justice system is becoming increasingly recognised. A trauma-informed approach to youth justice is based first and foremost on an understanding that juvenile offending is best addressed throughout treatment and rehabilitation. The assumption that punitive measures deter children and young people from criminality has been largely refuted by scientific studies and evaluations of juvenile corrections systems (Burrell, 2013). As such the RANZCP supports a trauma-informed model replacing the deterrence model to ensure that the youth justice system has adequate supports to facilitate the recovery and rehabilitation of children and young people in its care.

The physical environment of youth justice facilities is an essential component of a trauma-informed approach to the rehabilitation of young offenders. This is recognised by the United Nations *Rules for the Protection of Juveniles Deprived of their Liberty* and the Australasian Juvenile Justice Administrators' *Standards for Juvenile Custodial Facilities* which both state that:

> The design of detention facilities for juveniles and the physical environment should be in keeping with the rehabilitative aim of residential treatment, with due regard to the need of the juvenile for privacy, sensory stimuli, opportunities for association with peers and participation in sports, physical exercise and leisure-time (UN, 1990b; AJJA, 1999).

Notwithstanding appropriate requirements for control and safety, detention centres should cultivate an environment of safety to facilitate the healthy development of detained young people and children. People behave differently when they are placed in foreign environments and the use of unsettling jail-like environments in youth justice facilities are likely to create and reinforce feelings of insecurity and unsafety in children and young people who are detained there. This will, in turn, disrupt their healthy development, prevent the meeting of their psychosocial needs and facilitate recidivism.

The current situation

The RANZCP is concerned at reports that the staff culture within youth justice centres is moving away from a supportive and rehabilitative approach to a more punitive/restrictive one. The fundamental underpinnings of a functional youth justice centre are the relationships between staff and detainees. In the past, these have been largely respectful and congenial and so incidents were few and far between. For example, RANZCP Fellows recall a particular nurse at the Malmsbury Youth Justice Centre who provided orientations for new detainees characterised by a friendly and respectful manner with clear establishment of boundaries and expectations with regards to acceptable behaviour. Detainees generally complied and incidents in the initiation unit were seldom. The mental health team were also critical in establishing and maintaining decent and respectful relations that helped guide other staff to conduct themselves appropriately whenever possible.

Unfortunately, relations appear to have disintegrated over recent years. As the youth justice system has moved from a rehabilitative to a punitive institution, staff have progressively adopted more hard-line approaches to children and young people in their care. This has led detainees to identify staff as enemies, rather than potential sources of care, support and guidance. In this situation, children and young people respond to threats of punishment in foreseeable ways, and escalating threats will likely aggravate the behaviour. As a result, violent incidents have now rapidly escalated to the point we are at now where the trust which previously held staff and detainees in relative harmony has been entirely broken.

While the operation of youth justice centres has moved to a culture much closer aligned with that of an adult prison rather than a rehabilitative setting, the government has tragically adopted a similarly punitive

approach. Premier Daniel Andrews recently announced the construction of 'the highest-security youth justice facility that Victoria has ever seen', said to include many of the design features expected of a high-security adult prison (Davey, 2017). The RANZCP acknowledges the need to build a facility that is secure and fit for purpose, as was recognised in 2010 by the Victorian Ombudsman, but is concerned that the proposed facility may be constructed and subsequently managed like an adult prison, an approach which would be inappropriate for the rehabilitation of young offenders.

Children and young people in youth justice centres should not be treated like adult prisoners – doing so would present significant impediments for their healthy development and chances for recovery and rehabilitation. For this reason, the RANZP expresses its extreme concern about the current detention of children and young people inside a maximum security unit inside Barwon Prison, especially given reports of the availability of alternative options (McKenzie et al., 2017). Consequently, there are concerns that these detainees will not have adequate access to developmentally appropriate mental health care, education and rehabilitation services.

The RANZCP is also concerned about the transferral of responsibility for youth justice centres from the Department of Human Services to Corrections Victoria under the aegis of the Department of Justice (Florance, 2017). This reflects a hardening of approach to the youth justice system which is unlikely to be conducive to the creation of a rehabilitative setting for young offenders. It is essential that we take a different approach to children and young people who offend due to their particular developmental needs and greater chances at recovery and rehabilitation.

The Ombudsman noted the need for a new facility to be built some years ago and the continued use of an obsolete facility should be viewed as a significant contributing factor to recent events. As such, the RANZCP holds that the original, unimplemented recommendations from the Ombudsman about the building of a new facility should not be construed as a justification for the significant shifts in policy direction that are currently being proposed.

Restrictive practices

The use of restrictive practices, including restraint and seclusion, can have detrimental effects on the mental health of children and young people, often exacerbating the behaviours they are intended to control. In youth justice facilities, there is a clear imperative for the use of these measures in the maintenance of order. However, this must be carefully balanced with the developmental needs of detainees. Staff cannot be expected to sensitively manage detainees with traumatic backgrounds with threats of seclusion, restraint and physical force looming overhead. In fact, subjecting children and young people to these measures without due regard for alternative methods may even constitute child abuse. The rights of all children to be treated with respect for their individual human worth and dignity must not be waived in any circumstance, regardless of an individual's history of offending or their behaviour while detained.

In 2010, the Ombudsman identified a number of reports of staff assaulting detainees, often using restraint to conceal these assaults, and encouraging fights between detainees as a method of punishment and/or conflict resolution. These incidents occurred despite legal and policy provisions prohibiting the unnecessary use of force, and without proper investigations, despite the knowledge of senior staff (Ombudsman, 2010). Given this history, the RANZCP expresses extreme concern at reports that staff will now be armed with additional weapons (Florance and Longbottom, 2017).

Seclusion not only exacerbates pre-existing mental health conditions but can also create new ones (HRW and ACLU, 2012). Children and young people have fewer coping mechanisms when faced with solitary confinement and have reported adverse effects to seclusion including extreme anxiety, rage,

depression, self-harm, suicidality and hallucinations (HRW and ACLU, 2012). Isolation may evoke memories of past traumas, reawaken feelings of fear, powerlessness and loneliness and/or leave children and young people alone with negative thoughts; thus, the use of seclusion may well be traumatising for individuals with prior exposure to trauma (Simkins et al., 2012; Burrell, 2013).

Adolescent psychiatric units, unique settings wherein children and young people are frequently held against their will, provide a useful point of comparison regarding the institutional use of seclusion and restraint on children and young people. Seclusion and restraint have long been used in mental health-care settings as emergency measures to manage violent behaviour or agitation. However, studies have demonstrated substantial deleterious effects on both patients and staff (Fisher, 1994) with patients experiencing the use of seclusion and restraint as emotionally unsafe, disempowering and potentially (re)traumatising (Muskett, 2014).

Seclusion and restraint should be minimised and eliminated wherever possible. When necessary, they should only ever be used within approved protocols by properly trained staff in an appropriate environment for the safe management of the patient and where all other interventions have been tried or considered and excluded. Seclusion and restraint should not be used as a substitute for inadequate resources (such as lack of trained staff or accommodation) nor as a method of punishment. The RANZCP is therefore particularly concerned at reports of lockdowns being implemented to compensate for staffing issues, rather than the behavioural issues of detainees.

A history of problems

In 2010, the Ombudsman recounted a number of issues relating to the Parkville Youth Justice Precinct. While the RANZP understands that some of these issues have been resolved and others are expected to be resolved with the construction of a purpose-built facility, the new facility must be built with these failings in mind so as to ensure that these issues do not continue to arise. Without appropriate and properly resourced facilities, children and young people in detention may feel mistreated and devalued, exacerbating trust issues, hampering rehabilitation efforts and increasing the likelihood of recidivism.

The Ombudsman reported on excessive graffiti, a lack of privacy in showers, poor natural lighting and ventilation and mouldy and unhygienic conditions which related to a high prevalence of communicable infections. Many children and young people in detention who have suffered trauma have only had experiences of adults failing to protect them and so have an inherent mistrust of caregivers; thus, it is imperative that the detention setting provide a counterpoint to that for rehabilitation to occur. This will be difficult to achieve under conditions where the environment is disrespectful to detainees, as evidenced by the following account from a staff member:

> …at the moment we've got a couple of kids there that, through being victims of sexual abuse and that, of a night time poo themselves…I reckon we could have four or five kids in… the Remand unit any night of the week that actually wet the bed… the mattresses are saturated. The kid will get up, he'll go to Court… His mattress is just left in there. Staff have to strip it. We'll sit it in the sun a bit to dry as best we can but if we need a bed that night, it comes back in and goes back on that bed and the next kid comes in, make it up and sits on it.
>
> We've had kids that have had scabies… [or] Golden Staph… Doctors knew about it, told management and management… left the mattress there[…] Next kid comes in of a night time and just put a sheet over it… he woke up in the morning and was itchy… it went from possibly one kid having it to probably a dozen to 15… (Ombudsman, 2010, p.37)

The RANZCP is particularly concerned at the accessibility of means of suicide available in the Parkville Youth Justice Precinct including hanging points, access to the roof and access to sharp objects.

Restricting access to means of suicide has been shown to be one of the most effective approaches to suicide prevention. It is essential that the new facility be built with careful consideration of the need to reduce access to means of suicide and reduce blind spots for staff.

Overcrowding, aggravated by the high number and lengthy stays of remanded detainees, is an ongoing cause for concern (Ombudsman, 2010; Slattery, 2017). In the past, overcrowding has resulted in:

- the housing of detainees in rooms that are not fitted with toilets, with detainees using sinks and buckets for toilets
- frequent relocations of detainees contributing to the graffiti problem as well as general difficulties in detainees having a sense of pride and belonging in their surroundings (one unit manager stated: 'If you live in a place that doesn't deserve to be respected, why would you respect it?... If you have a clean room, you try to keep it clean 'cause it's nice and you have some respect for it. If you've got graffiti on the walls before you even walk in, why would you respect it?' (Ombudsman, 2010, p.34)
- the cohabitation of detainees with varying ages and legal statuses, including sentenced offenders and remanded detainees (Ombudsman, 2010).

Cohabitation of detainees in such a fashion may contribute to heightened tensions between detainees, and facilitate the bullying and influencing of more vulnerable detainees. The Ombudsman noted instances where this practice was implicated in both assaults and escapes. The RANZCP contends that this practice is entirely counterproductive to the rehabilitative purpose of youth justice facilities.

Recommendations

Increasingly, criminal justice reformists are advocating for community-based treatments and other alternatives to incarceration in the hope of avoiding the institutional retraumatisation of young offenders within detention facilities. Where community-based treatments are not possible, detention facilities would do well to be informed by Burrell's comprehensive overview of trauma-informed approaches to care in youth detention facilities (2015). The critical first step is a welcoming and caring entry and orientation, particularly for first timers. Other recommended mechanisms include front door screening, institutional values, staff training, behavioural intervention techniques and adjustments in the physical environment to reduce potential exposures to trauma. Burrell makes particular mention of the importance of avoiding the unnecessary use of force, the utilisation of positive behaviour management methods and the adaptation of the physical environment to create a trauma-informed environment of care. Other key elements include that:

> Staff are sensitive and alert to whether a young person is in distress, and appropriate steps are taken to address concerns.
>
> Youth are informed that their needs will be recognised […]
>
> Interviews about sensitive information occur in private areas.
>
> Youth are informed about safety in the facility, for example, how gang issues are handled, what protections there are to assure safety, and how to confidentially report any problems.
>
> Searches are no more intrusive than needed for intake […]
>
> Youth are screened for trauma, and further assessment occurs where needed.
>
> Youth receive all of the information they need about their rights and the institutional rules in a form they can understand.

Youth receive information about how to register complaints or to speak confidentially to someone who can help them if problems arise.

New learning can only occur in the context of a trusting relationship. Staff that may be able to establish these conditions with children and young people in detention include youth workers, teachers, chaplains, and mental health professionals. Family members may play a role as well. The school at the Parkville Youth Justice Precinct has at times provided a very good model for this where teachers would spend time building a trusting relationship one-on-one with detainees before attempting to teach them in the classroom. The RANZCP supports this approach and urges that further efforts be taken to create safer environments for detained children and young people to ensure a trauma-informed approach is taken with regard to the management of children and young people in detention facilities.

Recommendations

- The development of strategies to ensure that youth justice facilities are founded on trauma-informed approaches to treatment and rehabilitation.
- The development of long-term strategies aimed at reducing, and where possible, eliminating the use of seclusion and restraint, including lockdowns.
- Adequate facilities which cultivate an environment of safety, including:
  - consistent and unobstructed access to toilet facilities
  - respect for privacy when showering and toileting
  - appropriate rooming arrangements
  - temperature control
  - natural lighting
  - adequate cleaning and maintenance.

Cultural competency

Youth detention centres require clinically and culturally competent services to cater for the complex support needs of Aboriginal and Torres Strait Islander children and young people. There is, however, often a lack of culturally appropriate mental health care, as well as drug and alcohol services, available to Aboriginal and Torres Strait Islander people in custody (Shepherd and Phillips, 2016; Baldry et al., 2015). Promising health initiatives have tended to suffer from a lack of long-term funding, support and appropriate evaluations (Dudgeon et al., 2014) as well as a lack of an overarching system delivery framework (Jones and Day, 2011). At the same time, education and training initiatives within the youth detention system have suffered from similar deficiencies compounded by impractical teachings and inconsistent implementations (Shepherd and Phillips, 2016).

Recommendations

The RANZCP strongly approves of the employment of Aboriginal and Torres Strait Islander professionals, including mental health clinical professionals and mental health workers, to work with children and young people in detention, as well as staff members. For non-Indigenous staff working with Aboriginal and Torres Strait Islander peoples, it is imperative to acknowledge the effects of transgenerational trauma. This necessitates the training of staff who are otherwise unlikely to possess the knowledge required.

Within mental health care, the RANZCP recognises the need for models with a broader understanding of the mental health of Aboriginal and Torres Strait Islander communities which involves a holistic construct of social, emotional, cultural and spiritual well-being. The RANZCP therefore supports attempts within the psychiatric profession to reconceptualise models of care that are culturally appropriate and would encourage similar attempts in related areas. Jones and Day (2011) provide a useful analysis of the requirements for the development of culturally competent mental health services within the criminal justice system which is worth further examination. For example, approaches that promote the preservation of ties between Aboriginal and Torres Strait Islander children and young people and their communities are essential.

The RANZCP's Principles and Guidelines for Aboriginal and Torres Strait Islander Mental Health (2014c) contains a number of requirements for psychiatrists working with Aboriginal and Torres Strait Islander peoples, many of which are just as relevant for staff in youth justice facilities. The RANZCP also advocates for targeted services to meet the needs of Aboriginal and Torres Strait Islander peoples.

Recommendations

- Education and training of staff in youth detention facilities around cultural competency including trauma-informed care and the effects of transgenerational trauma on the developmental and mental health of Aboriginal and Torres Strait Islander children and young people.
- Targeted services in youth detention facilities to meet the health needs of Aboriginal and Torres Strait Islander and culturally and linguistically diverse children and young people.
- Approaches that promote the preservation of ties between Aboriginal and Torres Strait Islander and culturally and linguistically diverse children and young people and their communities.

Staff training and support

The RANZCP recognises that certain institutions create environments where there is an increased risk of child abuse. Ensuring that staff members are equipped to manage detained children and young people in a way that is conducive to rehabilitation requires robust programs for staff training, support and supervision. Inadequate supports can lead to increased rates of staff burnout which in turn increase the risk of staff resorting to the inappropriate use of restrictive practices. The RANZCP would suggest that reports of high worker turnover, declining staff morale and reliance on agency workers in youth justice centres is evidence of the need for greater training and support of staff (White and Buttler, 2016). Relying solely on increased security measures to help staff manage detainees is counterproductive, likely to lead to the exacerbation of conduct problems rather than their alleviation.

Recommendations

Staff recruitment is critical. If staff are not appropriately selected and trained, their relationships with and ability to manage young detainees will inevitably decline. For this reason, it is very concerning that the management of youth justice centres is being passed on to Corrections Victoria. Governance structures in youth detention facilities should include improved recruitment processes to ensure that staff have the appropriate attitudes and personality traits for managing at-risk children and young people in the detention environment.

Working with behaviourally disturbed young people will inevitably have a psychological impact on staff. Workplace trauma increases the risk of psychological damage, thereby increasing the risk of punitive responses. Improved education and support of staff are required to ensure hired workers are psychologically equipped to deal with crisis situations. Governance systems should provide a foundation for a fundamental change in workplace culture to ensure that staff are able to perform their roles with attitudes guided by compassion and founded on a commitment to ensure that supportive, caring, and non-traumatising early experiences are provided for children and young people in their care.

Appropriate staff training is required to ensure that staff possess adequate knowledge and skills to follow a trauma-informed approach to their work to ensure the creation and management of a healthy caring institutional environment for detainees, including the maximisation of familial involvement. There is a significant risk that staff from Corrections Victoria will bring the culture and practices of adult facilities with them. To avoid this, staff should be trained in child and adolescent development, specifically in the development of attachments, and the effects of early emotional deprivation and disruption to attachments on behaviour and relationships with people seen to be in positions of authority.

Youth justice centres have seen significant increases in the prevalence of drug use, particularly amphetamines such as ice, and the frequency of violent offending. This is particularly noticeable among remanded detainees who may very well be detoxing while in custody. This requires highly skilled and appropriate trained staff to manage the very challenging behaviours which are wont to occur in these situations.

Training should also include appropriate practices to manage gang-related issues as the youth justice system faces increasing challenges due to the rise of more complex gang cultures. These may arise within the walls of a youth justice centre or may be reconstituted from external gang systems. How to best manage gang-related issues is an area requiring urgent attention as undue cooperation with gang structures is likely to interfere with the healthy functioning and rehabilitation of detainees.

Staff should also have specific training in negotiation and de-escalation techniques, as well as how to deal with incidents of self-harm and suicide. In health-care settings, appropriate staff training regarding

the early warning signs of aggression, including how to use structured violence risk assessments, has been shown to result in reductions in violence and the use of seclusion and restraint (Kasinathan et al., 2015). As such, the RANZCP strongly recommends the further development of risk assessment protocols within the context of youth detention facilities.

Recommendations

- Thorough screening of potential staff members for suitability.
- Increased support of youth detention staff members to ensure they are psychologically equipped to deal with crisis situations and other workplace hazards.
- Improved education and training of staff in youth detention facilities around the development and mental health needs of children and young people, including appropriate responses to challenging behaviours such as threats or actual instances of self-harm and suicide, and how best to involve family members.
- The inclusion of relevant facts about harmful practices in the training curriculum of youth detention staff members, including how to be sensitive when dealing with individuals affected by harmful practices in the past, and to understand the consequences of traumatic memories in the present.

A justice reinvestment approach

The RANZCP believes in the value of a justice reinvestment approach to criminal justice involving measures to decrease rates of incarceration by investing in services in the community to improve mental health, prevent entry into prison, and reduce recidivism. The value of a justice reinvestment approach lies in its potential to direct resources away from prison-building and into community-building, thereby strengthening and empowering communities to help individuals living with mental illness and psychosocial difficulties. Especially among children and young people, the development and implementation of strategies for the prevention and treatment of psychiatric disorders associated with increased incarceration rates is imperative to addressing adverse outcomes. Justice reinvestment may also be particularly beneficial for Aboriginal and Torres Strait Islander communities (Schwartz, 2010).

The concept of justice reinvestment focuses on several key tenets, one of which is early intervention. By redirecting funding from the prison system into community-based initiatives, early intervention becomes possible and a cohort of at-risk people may be deterred from crime. Research demonstrates that first symptoms of behavioural problems typically precede mental, emotional or behavioural disorders by 2 to 4 years (O'Connell et al., 2009) and that early therapeutic intervention can be highly effective at limiting the severity and/or progression of problems (Hazell, 2000). As set out in the RANZCP's Faculty of Child and Adolescent Psychiatry's report Prevention and Early Intervention of Mental Illness in Infants, Children and Adolescents (2010), the RANZCP strongly advocates for improved prevention and early intervention programs to promote the mental health and well-being of children through partnerships between CAMHS, maternal and child health services, and child protection agencies, as well as schools, youth work and other related organisations. This includes programs that:

- aim to prevent or intervene early in the development of aggressive behaviour and conduct disorder
- target at-risk children, particularly children in out-of-home care, those living in dysfunctional family environments and children who have not been helped by less intensive interventions
- coordinate parenting support, including the early and effective treatment of maternal depression and other psychiatric illnesses, together with programs which enhance the parent–infant relationship.

Recommendations

Child protection agencies are integral in the identification and intervention of at-risk children and young people. A range of evidence-based interventions are available to treat at-risk children and young people, most of which involve working to achieve safety within relationships, providing psychoeducation, treating the effects of trauma and then developing healthy behavioural, emotional and relationship functioning. It is therefore imperative that child protection systems include a focus on early identification and intervention of at-risk children and young people encompassing mandatory reporting obligations and the initiation of support strategies for those children.

The high rates of psychosocial and developmental difficulties seen in children in out-of-home care (OOHC) warrant special attention and priority access to comprehensive health and developmental assessments including multidisciplinary mental health care. Young people aged 16 years and over in OOHC are particularly vulnerable as they face having services cut back ahead of their transition into adult life. This group may nevertheless require ongoing supports to assist them to bridge the gap between the OOHC environment and adulthood. Just as young people leaving the family home will often continue to receive support and care from their parents, there needs to be safeguards to ensure that young people leaving OOHC are not suddenly left without supports.

There are a number of other groups that could also be targeted for justice reinvestment initiatives. For example, there are known links between incarceration, social adversity and poor mental health among Indigenous people (Kimina et al., 2012). Due to the complex interactions between physical, mental and social well-being, it is vital that the overall health and well-being of Aboriginal and Torres Strait Islander peoples is improved so that the mental health and social functioning of individuals can be improved; this in turn should lead to lower rates of incarceration.

Drug and alcohol use during pregnancy is known to increase the risk of Foetal Alcohol Syndrome (FAS) which is related to specific types of brain damage which can leave individuals susceptible to involvement in criminal activity. As a result of such brain damage, FAS sufferers often have:

- a lack of impulse control
- trouble identifying future consequences of their current behaviour
- difficulty planning and connecting cause and effect
- difficulty empathising with others and taking responsibility for their actions
- difficulty delaying gratification or making good judgments
- a tendency toward explosive episodes
- vulnerability to social influences such as peer pressure.

Research conducted in Canada and the USA shows that children with FAS are 19 times more likely to end up in prison. Similarly, Canadian research has found that more than one fifth of young offenders are behaviourally impaired due to prenatal alcohol consumption (Kyskan and Moore, 2005). By directly linking parents to drug and alcohol services, child protection services may reduce the number of people who will be diagnosed with FAS, potentially having an impact on imprisonment rates.

Young people with conduct disorder are at a greatly increased risk of incarceration, injury, mental illness, substance abuse, and death by homicide and suicide (RANZCP, 2010; Barnert et al., 2016). Most research for prevention and early intervention in conduct disorder has focused on reducing conduct difficulties through parent training programs. However, there has also been some limited research focusing on early intervention services that deal with emotional and/or conduct problems in community settings. Programs demonstrated as being effective for conduct disorder include:

- the Nurse Home Visitation program, a targeted home visiting program delivered over 2 years to low income, unmarried, first-time mothers including 60 x 90-minute home visits from pregnancy to age 2 years with a 15-year follow-up (Bayer et al., 2009)
- a Family Check-Up in pre-school age children which found that positive and proactive parenting skills correlated with changes in child disruptive behaviour.

The expansion of pre-school check-up programs could also help identify signs of language and communication disorders that can lead to problems later in life. Around 50% of young male offenders have a clinically significant yet undiagnosed oral language disorder. These unrecognised deficits may masquerade as rudeness or indifference, thus further disadvantaging the young person. Language difficulties may also compromise a young person's understanding of legal process such as bail conditions (Snow, 2013). Addressing conduct and communication difficulties in children could herald important long-term benefits for the psychosocial functioning of individuals involved as well as for the health and safety of their families and communities.

Recommendations

- Increased investment in intervention programs for children and their families through partnerships between mental health services, schools, youth work and other related organisations.
- Age-appropriate screening and assessment of mental health concerns and risk factors in all children and young people known to child protection services and mechanisms to ensure that recommendations arising out of mental health assessments can be implemented.
- Targeted justice reinvestment initiatives for:
  - parents and young people with alcohol and other substance abuse disorders
  - children and young people with conduct disorder, and their families
  - Aboriginal and Torres Strait Islander communities.
- Built-in evaluations for all trials of prevention and early intervention programs for children and young people to determine whether they have provided value in terms of justice reinvestment.

References

Australasian Juvenile Justice Administrators (1999) *Standards for Juvenile Custodial Facilities*. Available at: www.humanrights.gov.au/sites/default/files/Annexure%20H%20-%20AJJA%20Standards.pdf (accessed 3 February 2017).

Australian Institute of Criminology (2006) Experiences of neglect and abuse amongst juvenile detainees. Available at: www.aic.gov.au/media_library/publications/cfi-pdf/cfi118.pdf (accessed 2 February 2017).

Australian Institute of Health and Welfare (2013) Youth detention population in Australia. Available at: www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129545393 (accessed 7 October 2016).

Baldry E, McCausland R, Dowse L, McEntyre E (2015) *A predictable and preventable path: Aboriginal people with mental and cognitive disabilities in the criminal justice system*. Sydney: UNSW.

Barnert ES, Perry R, Morris RE (2016) Juvenile Incarceration and Health. *Academic Pediatrics* 16(2): 99–109.

Bayer J, Hiscock H, Scalzo K, Mathers M, McDonald M, Morris A, Birdseye J, Wake M (2009) Systematic Review of Preventive Interventions for Children's Mental Health: What Would Work in Australian Contexts? *Australian and New Zealand Journal of Psychiatry* 43: 695–710.

Bull M, Schindler E, Berkman D, Ransley J (2012*) Sickness in the System of Long-Term Immigration Detention. Journal of Refugee Studies* 26: 47–68.

Burrell S (2013) *Trauma and the Environment of Care in Juvenile Institutions*. Los Angeles & Durham: National Center for Child Traumatic Stress.

Council of Australian Governments (2010) *National Plan to Reduce Violence Against Women and Their Children*. Canberra: COAG.

Cunningham M (2017) Insider tells all about failed youth prison system, *Illawarra Mercury*, 4 February. Available at: www.illawarramercury.com.au/story/4446475/insider-tells-all-about-failed-youth-prison-system/?cs=2452 (accessed 10 February 2017).

Davey M (2017) 'Youth prison with 'highest security Victoria has seen' to be built by 2021', *The Guardian*, 6 February. Available at: www.theguardian.com/australia-news/2017/feb/06/youth-prison-with-highest-security-victoria-has-seen-to-be-built-by-2021 (accessed 10 February 2017).

Dudgeon P, Walker R, Scrine C, Shepherd C, Calma T, Ring I (2014) *Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander people. Issues paper no.12 produced for the closing the gap clearinghouse*. Canberra: Australian Institute of Health.

Dudley M, Steel Z, Mares S, Newman L (2012) Children and young people in immigration detention. *Current Opinions in Psychiatry* 25: 285–292.

Fisher WA (1994) Restraint and seclusion: a review of the literature. *American Journal of Psychiatry* 15: 1584–91.

Florance (2017) 'New prison in Werribee South to replace Melbourne Youth Justice Centre in Parkville after riots review', *ABC News*, 6 February. Available at: www.abc.net.au/news/2017-02-06/parkville-youth-justice-to-be-shut-down/8243448 (accessed 10 February 2017).

Florance L, Longbottom J (2017) 'Victorian youth justice centre deemed 'appalling' six years before riot crisis, former deputy ombudsman says', *ABC News*, 28 January. Available at: www.abc.net.au/news/

2017-01-28/victorian-youth-justice-centre-malmsbury-breakout-parkville/8218702 (accessed 2 February 2017).

Haliburn J (2014) The links between early childhood trauma and major mental illness: Psychiatry's response? *Australian and New Zealand Journal of Psychiatry* 48(6): 580–581.

Hazell P (2000) Attention deficit hyperactivity disorder in preschool aged children. In: Kosky R, O'Hanlon A, Martin G, Davies C (eds) *Clinical approaches to early intervention in child and adolescent mental health*. Adelaide: Australian Early Intervention Network for Mental Health in Young People.

Henggeler SW, Schoenwald SK (2011) Social Policy Report: Evidence-Based Interventions for Juvenile Offenders and Juvenile Justice Policies that Support Them. *Society for Research in Child Development* 25(1): 1–27.

Hodgins S, Cree A, Alderton J, Mak T (2007) From conduct disorder to severe mental illness: Associations with aggressive behaviour, crime and victimization. *Psychology of Medicine* 38: 1–13.

Human Rights and Equal Opportunity Commission (1997) *The National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children and Their Families: Bringing Them Home*. Available at: www.humanrights.gov.au/sites/default/files/content/pdf/social_justice/bringing_them_home_report.pdf (accessed 28 September 2016).

Human Rights Watch and American Civil Liberties Union (2012) *Growing up Locked Down: Youth in Solitary Confinement in Jails and Prisons Across the United States*. USA: HRW.

Jones R, Day A (2011) Mental health, criminal justice and culture: some ways forward? *Australasian Psychiatry* 19(4): 325–330.

Kasinathan J (2015) Predictors of rapid reincarceration in mentally ill young offenders. *Australasian Psychiatry* 23(5): 550–555.

Kasinathan J, Marsland C, Batterham P, Gaskin C, Adams J, Daffern M (2015) Assessing the risk of imminent aggression in mentally ill young offenders. *Australasian Psychiatry* 23(1): 44–48.

Kim-Cohen J, Caspi A, Moffitt TE, Harrington H, Milne BJ, Poulton R (2003) Prior Juvenile Diagnoses in Adults with Mental Disorder: Developmental Follow-Back of a Prospective-Longitudinal Cohort. *Archives of General Psychiatry* 60(7): 709–717.

Kimina C, Andersen E, Heffernan J, Dev A, Kinner S (2012) Prevalence of Mental Illness among Aboriginal and Torres Strait Islander People in Queensland Prisons. *Medical Journal of Australia* 1: 37–41.

Kyskan C, Moore T (2005) Global Perspectives on Fetal Alcohol Syndrome – Assessing Practices, Policies, and Campaigns in Four English Speaking Countries. *Canadian Psychology/Psychologie Canadienne* 3: 153–65.

Lynch M, Buckman J, Krenske L (2003) *Youth justice: criminal trajectories. Trends and Issues in Crime and Criminal Justice*. Canberra: Australian Institute of Criminology.

McKenzie N, Tomazin F, Baker R (2017) 'In youth justice, the education boss has been benched while armed guards step in', *The Age*, 27 January. Available at: www.theage.com.au/victoria/in-youth-justice-the-education-boss-has-been-benched-while-armed-guards-step-in-20170127-gu04z9.html (accessed 10 February 2017).

Mental Health Standing Committee of the Australian Health Ministers' Advisory Council (2006) National Statement of Principles for Forensic Mental Health. Available at: http://mhsa.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=38654706444 (accessed 27 September 2016).

Muskett C (2014) Trauma-informed care in inpatient mental health settings: A review of the literature. *International Journal of Mental Health Nursing* 23: 51–59.

National Action Alliance for Suicide Prevention: Youth in Contact with the Juvenile Justice System Task Force (2013) *Suicidal ideation and behavior among youth in the juvenile justice system: A review of the literature*. Washington: NAASP.

O'Connell M, Boat T, Warner K. *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*. Washington: Board on Children Youth and Families, Institute of Medicine.

Ombudsman (2010) *Investigation into conditions at the Melbourne Youth Justice Precinct*. Available at: www.parliament.vic.gov.au/file_uploads/OV_Tabling_copy_report_6cJgmMNb.PDF (accessed 31 January 2017).

RANZCP (2010) *Prevention and Early Intervention of Mental Illness in Infants, Children and Adolescents: Planning Strategies for Australia and New Zealand*. Available at: www.ranzcp.org/Files/Resources/peips_report-pdf.aspx (accessed 28 September 2016).

RANZCP (2014a) *Acknowledging and learning from past mental health practices*. Available at: www.ranzcp.org/Files/Resources/College_Statements/Position_Statements/PS-84-Acknowledging-and-learning-from-past-men-(1).aspx (accessed 27 September 2016).

RANZCP (2014b) *Australian Human Rights Commission National Inquiry into Children in Immigration Detention*. Available at: www.ranzcp.org/Files/Resources/Submissions/RANZCP-SUBM-AHRC-Children-Detention.aspx (accessed 27 September 2016).

RANZCP (2014c) *Principles and Guidelines for Aboriginal and Torres Strait Islander Mental Health*. Available at: www.ranzcp.org/Files/Resources/College_Statements/Ethical_Guidelines/GDL-11-PPC-Principles-and-Guidelines-for-Aborigina.aspx (accessed 27 September 2016).

RANZCP (2015a) *Stolen Generations*. Available at: www.ranzcp.org/Files/Resources/College_Statements/Position_Statements/ps42-pdf.aspx (accessed 28 September 2016).

RANZCP (2015b) *Submission to the Australian Human Rights Commission examination of children affected by family violence*. Available at: www.ranzcp.org/Files/Resources/Submissions/4133-President-to-MMitchell-AHRC-re-Family-Violenc.aspx (accessed 28 September 2016).

RANZCP (2016) *Minimising the use of seclusion and restraint in people with mental illness*. Available at: www.ranzcp.org/Files/Resources/College_Statements/Position_Statements/PS-61-Minimising-the-use-of-seclusion-and-restrain.aspx (accessed 27 September 2016).

Ryan JP, Williams AB, Courtney ME (203) Adolescent neglect, juvenile delinquency and the risk of recidivism. *Journal of Youth and Adolescence* 42(3): 454–465.

Schwartz M (2010) Building Communities, Not Prisons: Justice Reinvestment and Indigenous over-Imprisonment. *Australian Indigenous Law Review* 14: 2–17.

Shepherd SM, Phillips G (2016) Cultural 'Inclusion' or Institutional Decolonisation: How should prisons address the mental health needs of Indigenous prisoners? *Australian and New Zealand Journal of Psychiatry* 50(4): 307–308.

Simkins S, Beyer M, Geis LM (2012) The Harmful Use of Isolation in Juvenile Facilities: The Need for Post-Disposition Representation. *Washington University Journal of Law & Policy* 38(24): 241–287.

Slattery C (2017) Victoria's youth justice system suffering from lazy, inadequate court: former children's commissioner, *ABC News*, 27 January. Available at: www.abc.net.au/news/2017-01-27/vic-youth-justice-system-inadequate-former-youth-commissioner/8216786 (accessed 2 February 2017).

Snow P from School of Psychology and Psychiatry, Bendigo Regional Clinical School, Monash University (2013) *Oral Language Competence and Young Offenders*. Unpublished.

Steering Committee for the Review of Government Services Provision (2014) *Overcoming Indigenous Disadvantage: Key Indicators 2014*.Canberra: Productivity Commission.

Streeck-Fischer A, van der Kolk B (2000) Down will come baby, cradle and all: diagnostic and therapeutic implications of chronic trauma on child development. *Australian and New Zealand Journal of Psychiatry* 34: 903–918.

Sullivan D, Mullen P (2012) 'Mental Health and Human Rights in Secure Settings'. In Dudley, Silove and Gale (eds) *Mental Health and Human Rights: vision praxis and courage* (2012). Oxford, United Kingdom: Oxford University Press.

UN General Assembly (2009) *International Covenant on Economic, Social and Cultural Rights*. Available at: http://www.refworld.org/docid/3ae6b36c0.html (accessed 23 February 2017).

UN General Assembly (1990a) *Basic Principles for the Treatment of Prisoners*. Available at: www.refworld.org/docid/48abd5740.html (accessed 27 September 2016).

UN General Assembly (1990b) Resolution 45/113: Rules for the Protection of Juveniles Deprived of their Liberty. Available at: www.un.org/documents/ga/res/45/a45r113.htm (accessed 4 October 2016)

UN General Assembly (1991) *Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care*. Available at: www.refworld.org/docid/3ae6b3920.html (accessed 27 September 2016).

UN General Assembly (2009) *Convention on the Rights of Persons with Disabilities*. Available at: www.refworld.org/docid/4962270c2.html (accessed 27 September 2016).

Victorian Law Reform Commission (2014) *Review of the Crimes (Mental Impairment and Unfitness to be Tried) Act 1997: Report*. Melbourne: VLRC.

Vuong L, Silva F, Marchionna S (2009) *Children Exposed to Violence*. Washington: National Council on Crime and Delinquency.

White A, Buttler M (2016) Mini supermax: Bid for new prison for Victoria's worst young criminals, *Herald Sun*, 26 September. Available at: www.heraldsun.com.au/news/victoria/mini-supermax-bid-for-new-prison-for-victorias-worst-young-criminals/news-story/805b242152dd70cc42e3fd3fad783ebd (accessed 13 February 2017).

White LM, Lau KSL, Aalsma MC (2016) Detained Adolescents: Mental Health Needs, Treatment Use, and Recidivism. *The Journal of the American Academy of Psychiatry and the Law* 44: 200–212.

Youth Parole Board and Youth Residential Board (2009) *Annual Report 2008–2009*. Melbourne: Victorian Government Department of Human Services.