

Youth Forensic Mental Health

WA currently has limited forensic mental health service provision for youth. The following is a list of the key forensic mental health service options available to young people in contact with the justice system:

- Youth requiring forensic inpatient treatment are currently admitted to Bentley Adolescent Unit, if under 18 years, or to the Frankland Centre (pages 115 and 120 of the *Review of the Admission or Referral to and the Discharge and Transfer Practices of Public Mental Health* by Professor Bryant Stokes (the Stokes Review) noted that these options present significant problems and risks and that there is a very strong call for the establishment of a dedicated juvenile secure inpatient unit).ⁱ
- The Community Forensic Mental Health Service provides one day per week of Psychiatrist inreach to detention centres.
- Expanded mental health court diversion services commenced last year.ⁱⁱ

Limited community support options are provided through a limited number of community managed organisations, but such organisations do not provide specialised clinical mental health services.

The general consensus across a number of reviews and policy documents is that there are gaps in service delivery and there is significant unmet need for young people in contact with the justice system in Western Australia. Gaps in specialised mental health service delivery encompass the full spectrum including:

- Beds for youth forensics (6 to 8 beds for Western Australia).
- Dedicated youth forensic mental health services.
- Consultation liaison services to juvenile detention (Banksia Hill Detention Centre).
- Case management for those with the most complex needs.
- Multi-agency cooperation.
- Throughcare of youth in detention and on transition to the community.
- Court liaison.
- Liaison with police and emergency services.

The needs of young people in contact with the justice system are complex (for example, the Stokes Review notes that 'It is reported that 10 per cent of juveniles in prison have major psychiatric illness (not including mental impairment) and that 8–10 per cent of these are affected by head trauma, substance abuse or foetal alcohol syndrome' (p. 116)). The Department of Corrective Services publishes weekly offender statistics that provide information regarding the number of young people in contact with the justice system.ⁱⁱⁱ

The Commissioner for Children and Young People has comprehensively examined and highlighted the particular needs and key issues for young people in contact with the justice system.^{iv v vi vii viii}

The Stokes Review addresses the gaps in forensic mental health service provision for children and youth in section 3.11.2 (pp.114-116). Further discussion of the gap in

forensic inpatient services for young people takes place on pages 120, 177 and 178 of the Stokes Review.

Additional resources also highlight the particular needs and key issues for young people in contact with the criminal justice system.^{ix x}

The key messages regarding the needs of young people in contact with the justice system are consistent across sources and can be summarised as follows:

- The needs of young people in contact with the justice system are complex.
- Aboriginal children, young people, families and communities are over-represented.
- There is lack of appropriate services and programs for young people and their families.
- The lack of integrated approaches across jurisdictions (e.g. Child Protection, Justice, Police and Mental Health) has an unhelpful impact on outcomes for young people.

In terms of the future development of youth forensic mental health services in Western Australia, there is much overlap in the key recommendations arising from reviews and policy documents.

Stokes' recommendations (including those from the Commissioner for Children and Young People) relevant to youth forensic services

- Recommendation 5.2 Adolescent beds need to be increased to take into account the increasing population of youths. Beds must also be provided for child forensic and eating disorder patients. These are urgent requirements.
- Recommendation 8.10.6 A dedicated forensic mental health unit for children and young people be established (from the Commissioner for Children and Young People).
- Recommendation 8.10.7 Children and young people appearing before the Children's Court of Western Australia have access to appropriate, comprehensive mental health assessment, referral and treatment services (from the Commissioner for Children and Young People).
- Recommendation 9.1.3 The planning, business cases and funding for provision of a full range of mental health services in WA prisons and detention centres. This will involve dedicated units and services in prison for mentally ill women, youth, Aboriginal and people with acquired brain injury/intellectual disability.

Key WA Youth Justice Think Tank recommendations in relation to youth forensic mental health services

- Recommendation 22. That a dedicated forensic mental health unit for children and young people be established.
- Recommendation 23. Improve access to mental health services (including psychiatrists) to young people in detention to prevent (where possible) acute need whilst in detention; and to provide ongoing support after leaving detention.

The following resources should guide future youth forensic service development for Western Australia:

- Development of services should align to the *National Statement of Principles for Forensic Mental Health*.^{xi}
- New Zealand has published a guideline that provides a good overview of best practice in development of a comprehensive youth forensic mental health service.^{xii}
- The Bradley Commission Report, although addressing a UK context and those aged 18 to 24 (i.e. not including those aged 16 and 17 years), identifies core service components for achieving positive outcomes in engaging effectively with young adults in a forensic mental health context.^{xiii}
- Multisystemic Therapy is a cost effective treatment of choice for youth in contact with the justice system.^{xiv} It integrates several evidence-based techniques and there is good quality evidence that it is an effective treatment for serious juvenile offenders.^{xv xvi xvii} It addresses the multi-determined nature of severe conduct problems, sees the family as a key factor in change, uses the adolescent's home as the primary site of intervention and is designed to work with hard-to-reach families. Rigorous monitoring of the adherence to the model is recommended.^{xviii}
- A discussion paper regarding current forensic mental health services for youth in Western Australia and recommending future directions for service development.

Conclusion

The professional consensus is that there is a need for a dedicated youth community forensic mental health services that can follow young people with mental illness and complex needs throughout their journey in the criminal justice system by:

- Court liaison and diversion,
- Interventions in the community,
- Inreach to young people in detention,
- Helping young people on release to engage with their local services,
- Case managing a small group of those with the most complex needs in the community,
- Providing advice and support to public mental health services teams, and
- Working with other agencies involved.

There is an urgent need for specialist forensic mental health inpatient beds (6 or 8 beds) for youth in Western Australia.

References

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- ⁱⁱⁱ Department of Corrective Services (2014) Weekly Offender Statistics (WOS) Report as at 26 June 2014 00:00 hours. Available from: <http://www.correctiveservices.wa.gov.au/files/about-us/statistics-publications/statistics/2014/cnt140626.pdf>.
- ^{iv} Commissioner for Children and Young People (2011) Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia, Commissioner for Children and Young People, Perth (particularly section 5.4 Children and young people in contact with the criminal justice system).
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