

# Youth Forensic Mental Health

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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).<sup>i</sup>
- 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.<sup>ii</sup>

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.<sup>iii</sup>

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.<sup>iv v vi vii viii</sup>

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.<sup>ix x</sup>

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*.<sup>xi</sup>
- New Zealand has published a guideline that provides a good overview of best practice in development of a comprehensive youth forensic mental health service.<sup>xii</sup>
- 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.<sup>xiii</sup>
- Multisystemic Therapy is a cost effective treatment of choice for youth in contact with the justice system.<sup>xiv</sup> It integrates several evidence-based techniques and there is good quality evidence that it is an effective treatment for serious juvenile offenders.<sup>xv xvi xvii</sup> 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.<sup>xviii</sup>
- 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

- <sup>i</sup> Stokes, B (2012) Review of the Admission or Referral to and the Discharge and Transfer Practices of Public Mental Health. Available from: [http://www.mentalhealth.wa.gov.au/mentalhealth\\_changes/Stokes\\_Review.aspx](http://www.mentalhealth.wa.gov.au/mentalhealth_changes/Stokes_Review.aspx)
- <sup>ii</sup> Department of the Premier and Cabinet (2013) Media Statement: More help for young offenders with mental illness (08/04/2013). Available from: [http://www.mentalhealth.wa.gov.au/Libraries/pdf\\_docs/More\\_help\\_for\\_young\\_offenders\\_with\\_mental\\_illness\\_1.sflb.ashx](http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/More_help_for_young_offenders_with_mental_illness_1.sflb.ashx)
- <sup>iii</sup> 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>.
- <sup>iv</sup> 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).
- <sup>v</sup> Commissioner for Children and Young People (2013) Background paper: Literature Review: Wellbeing of children and young people who are in contact with both the child protection and youth justice systems, Commissioner for Children and Young People, Perth.
- <sup>vi</sup> Commissioner for Children and Young People (2012) Policy brief, March 2012: Children and young people in contact with the criminal justice system. Available from: [http://www.ccyp.wa.gov.au/files/POLICY BRIEFS 2013/Policy\\_brief\\_-\\_youth\\_justice\\_-\\_children\\_and\\_young\\_people\\_in\\_contact\\_with\\_the\\_criminal\\_justice\\_system\\_-\\_February\\_2012.PDF](http://www.ccyp.wa.gov.au/files/POLICY BRIEFS 2013/Policy_brief_-_youth_justice_-_children_and_young_people_in_contact_with_the_criminal_justice_system_-_February_2012.PDF).
- <sup>vii</sup> Commissioner for Children and Young People (2012) Policy brief, March 2012: Youth justice – What is the Wellbeing Monitoring Framework? Available from: [http://www.ccyp.wa.gov.au/files/POLICY BRIEFS 2013/Policy\\_Brief\\_-\\_Youth\\_Justice\\_-\\_Wellbeing\\_Monitoring\\_Framework.PDF](http://www.ccyp.wa.gov.au/files/POLICY BRIEFS 2013/Policy_Brief_-_Youth_Justice_-_Wellbeing_Monitoring_Framework.PDF).
- <sup>viii</sup> Commissioner for Children and Young People (2013) Issues Paper 13 – May 2013: Youth Justice: Addressing the needs of the small group of young people who enter the justice system should be both a priority and an achievable goal. Available from: [http://www.ccyp.wa.gov.au/files/IssuesPapers/Youth\\_Justice\\_Issues\\_Paper\\_May\\_2013.pdf](http://www.ccyp.wa.gov.au/files/IssuesPapers/Youth_Justice_Issues_Paper_May_2013.pdf).
- <sup>ix</sup> Clare M, Clare J, Spiranovic C & Clare B (2011) An assessment of the Children's Court of Western Australia: Part of a national assessment of Australia's children's courts. Crime Research Centre: University of Western Australia. Available from: [http://www.law.uwa.edu.au/data/assets/pdf\\_file/0005/1894847/2011-An-Assessment-of-the-Childrens-Court-of-Western-Australia.pdf](http://www.law.uwa.edu.au/data/assets/pdf_file/0005/1894847/2011-An-Assessment-of-the-Childrens-Court-of-Western-Australia.pdf).
- <sup>x</sup> WA Council of Social Service (2013) The Report and Recommendations of the 2012 Youth Justice Think Tank: Building a more effective youth justice system in WA, February 2013. Available from: [http://www.wacoss.org.au/Libraries/State\\_Election\\_2013\\_Documents/Youth\\_Justice\\_Think\\_Tank\\_Report.sflb.ashx](http://www.wacoss.org.au/Libraries/State_Election_2013_Documents/Youth_Justice_Think_Tank_Report.sflb.ashx).
- <sup>xi</sup> Mental Health Standing Committee (2006) National statement of principles for forensic mental health. Available from: <http://www.health.gov.au/internet/mhsc/publishing.nsf/Content/pub-gen-forens>.
- <sup>xii</sup> Ministry of Health (2011) Youth Forensic Services Development: Guidance for the health and disability sector on the development of specialist forensic mental health, alcohol and other drug, and intellectual disability services for young people involved in New Zealand's justice system, December 2011. Available from: <http://www.health.govt.nz/publication/youth-forensic-services-development>.
- <sup>xiii</sup> Centre for Mental Health (2014) The Bradley Commission Briefing 2: Young adults (18-24) in transition, mental health and criminal justice. March 2014. Available from: [http://www.centreformentalhealth.org.uk/pdfs/Bradley\\_Commission\\_briefing2\\_youngadults.pdf](http://www.centreformentalhealth.org.uk/pdfs/Bradley_Commission_briefing2_youngadults.pdf).
- <sup>xiv</sup> Dopp AR, Borduin CM, Wagner DV, & Sawyer AM (2014) The Economic Impact of Multisystemic Therapy Through Midlife: A Cost–Benefit Analysis With Serious Juvenile Offenders and Their Siblings. *Journal of Consulting and Clinical Psychology*, Vol. 82, No. 4, 694–705.
- <sup>xv</sup> Littell JH, Popa M, Forsythe B. Multisystemic Therapy for social, emotional, and behavioral problems in youth aged 10-17. *The Cochrane Database of Systematic Reviews* 2005, Issue 3. Art. No.: CD004797. DOI: 10.1002/14651858.CD004797.pub3.
- <sup>xvi</sup> National Institute for Clinical Excellence. (2010). *Antisocial Personality Disorder: Treatment, Management and Prevention*. Leicester, UK: The British Psychological Society and the Royal College of Psychiatrists.
- <sup>xvii</sup> National Institute for Clinical Excellence. (2013). *Antisocial Behaviour and Conduct Disorders in Children and Young People: Recognition, Intervention and Management*.
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# Forensic Youth Mental Health Mapping of Pathways: Access to Care Working Group

## Terms of Reference

## **1. Name**

The group shall be known as the Forensic Youth Mental Health Mapping of Pathways: Access to Care Working Group

## **2. Deliverables**

1. Identify scope of target population
2. Identification and consultation with key stakeholders
3. Specify existing services, care including admission, in-house care or in-reach care for young people in Banksia Hill Detention Centre using existing resources
4. Benchmarking with existing and planned services in other states
5. Map pathways to mental health care using existing resources of HSPs and NGOs
6. Identify target population pathway needs
7. Gap analysis (to include an analysis of the implications of current gaps on pathways, services, human rights, financial efficiency of the system as a whole) and analysis of pathway barriers
8. Produce recommendations for closing gaps or modification of pathways within the entire forensic system.

## **3. Background**

On 26 June 2018, the Chief Mental Health Advocate (CMHA) arranged a meeting of key stakeholders to discuss the current difficulties in obtaining appropriate mental health inpatient admission for 16 and 17 year old youth in custody at the Banksia Hill Detention Centre (Banksia Hill). It is also noted that there are also barriers in place in obtaining care for high risk youth going through the courts.

The discussion at the meeting reinforced that access to mental health care services for youth at Banksia Hill is below acceptable general community standards.

Being a state-wide service issue, the CMHA wrote to the Director General (DG) of the Department of Health (DoH), as the System Manager inviting the DoH to collaborate on the project.

The CMHA wrote to the DG of the DoH on 5 July 2018, advising that further to a meeting of relevant stakeholders on 26 June 2018, one outcome from the meeting was that there was a need to map out pathways to mental health care using existing resources of the Health Service Providers (HSPs). The CMHA advised John Banfield, Program Manager, Mental Health Unit on 10 August 2018 that Dr Chinar Goel and Dr Stella Fabrikant from Fiona Stanley Hospital will co-chair the 'Forensic Youth Mental Health Mapping of Pathways – Access of Care' working group.

## **4. Chairs / Leads**

The Chair or Co-Chairs will be elected by the Forensic Youth Mental Health Mapping of Pathways and Access to Care Working Group.

## 5. Membership

Members of the Forensic Youth Mental Health Mapping of Pathways: Access to Care Working Group will be invited from a diversity of backgrounds with the primary aim of building inclusive partnerships with relevant knowledge, skills and experience to address the endorsed specific purpose of the Working Group. The following members constitute the Working Group.

Name	Organisation
Dr Stella Fabrikant (Co-chair)	FSH
Dr Edward Petch (Co-chair)	Justice
Dr Chinar Goel	FSH
Karen Curtis	CAMHS
Dr Pradeep Rao	CAMHS
Dr Katinka Morton	Graylands Hospital
Rochelle Moukina	MHAS
Dr Alex Jaworska	EMHS
Dr Elizabeth Tate	Graylands Hospital
Sonia Bray	Justice
Karen Harris	MHC, Assistant Director, Health Liaison
Michelle D'Silva	Mental Health Advocacy Service

## 6. Operating Procedures

### 6.1. Working Group Meetings:

- Meeting frequency will be determined by the Co-chairs of the Working Group.
- A Declaration of Conflict of Interest is required where a member has competing professional or personal interests. In this instance, the member on advice of the Co-Chair(s), will refrain from voting/participating in consensus decision making, or retire from the room at that point;
- All discussions and issues remain confidential to the group unless otherwise agreed;
- It is each member's responsibility to canvas views and provide feedback to its constituency as appropriate and as directed by the group;

- Resolution of dissenting issues shall be achieved by a vote of members present with the Chair having the casting vote; and
- Group members with direction of the Co-Chair(s) are able to co-opt/seek expert advice as required.

## **6.2. Quorum**

50% of the members constitute a quorum.

## **6.3. Agenda**

The agenda will be determined by the co-chairs and communicated to the secretariat to provide to Working Group members prior to the Working Group meetings.

## **7. Guiding Principles**

The Forensic Youth Mental Health Mapping of Pathways: Access to Care Working Group will operate within the following:

- All members will engage in respectful collaboration with other members of the Working Group;
- All members will value the diversity of knowledge, skills, experience, backgrounds and opinions within the Network;
- All members will maintain a solution focused and positive attitude towards the work of the Working Group; and
- Members of the group that are present as organisation representatives will present the views of the organisation and not personal views.

## **8. Principles for the design of Working Group products**

The products developed by the Forensic Youth Mental Health Mapping of Pathways and Access to Care Working Group will operate within the following:

- Working Group products are documents endorsed by the Forensic Youth Mental Health Mapping of Pathways: Access to Care Working Group and may include models of care or care pathways;
- Working Group products will be innovative and work towards improving the mental health system and its navigation in response to network member concerns;
- Working Group products will be reflective of current evidence, will promote the adoption of identified best practice and will be aligned with local, national and international standards;
- Working Group products will be person centred and holistic and consider the involvement of the whole of a person's support system (family, carers, community, health care providers, etc.);
- Working Group products will be consistent with a focus on recovery; incorporate trauma informed care and will promote hope, personal responsibility, self-determination and empowerment as essential ingredients of the recovery journey;



- Working Group products will promote care collaboration and partnership between service providers and will include collaborative frameworks and/or protocols for collaboration between services, or integration of services; and
- Working Group products will be co-produced by people with expertise, knowledge and experience that are relevant to the particular area of review. This must include a broad range of stakeholders, including clinicians, service providers, and consumer and carer representatives.

## **9. Records**

The Working Group secretariat shall issue agendas and supporting material at least two days in advance and prepare minutes from each meeting.

The secretariat shall keep separate files of at least the following:

1. Agendas, minutes and papers circulated with them;
2. Correspondence, papers tabled at meetings and papers circulated other than with agendas.

These files are the property of the relevant agency sponsoring the Working Group and must be preserved in accordance with the *Library Board Act* and the *Freedom of Information Act 1992*. The *Health Services (Quality Improvement) Act 1994* may also apply to the documents.



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**Adolescent Forensic Mental Health Service Models**

	New South Wales	Victoria	Central and South Queensland
Service Models for Community Adolescent Forensic Mental Health Services	Forensic Risk Assessment Management Advice Service  CYMHS kids with violence risk consequent psychosis, possible paraphilias and when emerging psychopathy is queried.	Statewide Consultation (east of Victoria, Orygen are providing the west)  Secondary Consultation for Eastern Health and Rural Services  Primary Consultation for Bayside and Southern  "Capacity Building"  No case management "Co therapy"	Risk assessments for all adolescents other than those referred by Child Protection Services (due to the risk of harm with reduced service provision).  Some ongoing psychological work, but not prescribing or crisis management.
Transition for Adolescents Leaving Custody	Community Intervention Team established.	No Community Intervention Team	Community Intervention Team established.  Attend Watch Houses, provide care for children awaiting Youth Detention beds.
Court Liaison Service	Court Liaison Service included	Children's Court Clinic in place, not included	Court Liaison Service – including fitness and mental impairment assessments. 10-12 year olds seen automatically. Very serious offending seen automatically.  Referral rate has increased 150% over the recent 18 months.
Additional Services			In 2019, the commencement of a Violence Prevention Program Pilot.
Patient Ages	Age 14 – 17 years	Age 10 – 21 years (Youth Justice driven, Youth Justice Orders)	Age 10 – 18 years (upper age limit increased to 18 years from February 2018)
Eligible Referrers	Must be CYMHS registered	Must be CYMHS registered	Accept referrals from CYMHS, Child protection services, Youth Justice, Court. "Everyone"  Risk must be managed by a local agency.
Referrals	1.5 referrals per month or 18 per annum, with a population of 7 million =  2.5 referrals/million/annum	Funded for 50 cases in twelve months	1500 (estimate that half are from CYMHS)  New MHA in March 2017
Staffing	1.0 Psychiatrist 1.0 Clinical Nurse Specialist	0.4 Psychiatrist 1.0 Psychologist	50 Staff, including 3.0 Psychiatrists and Dr Harden (in an administrative capacity)