

# THE HEALTH NEEDS OF YOUNG PEOPLE IN CUSTODY

## NSW PERSPECTIVE

Dr Claire Gaskin  
 Child & Adolescent Forensic Psychiatrist  
 Clinical Director Adolescent Mental Health  
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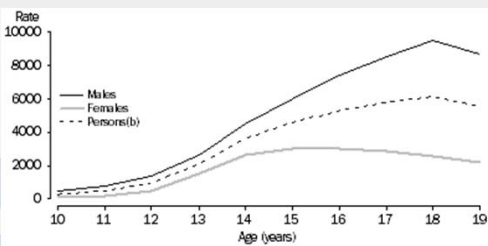
### Who are we dealing with?



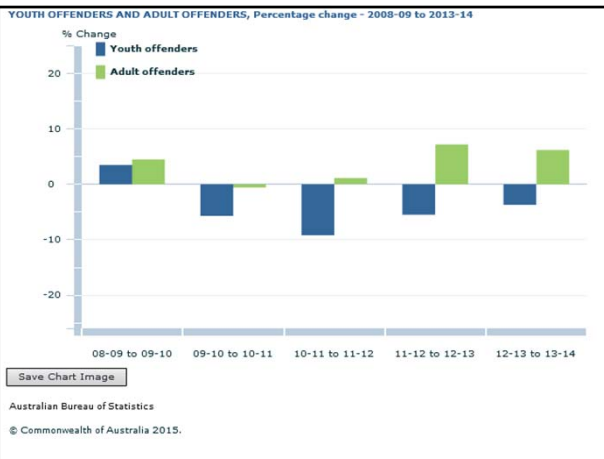
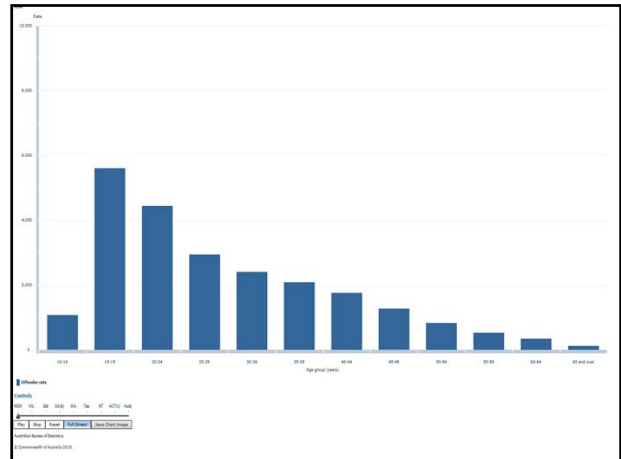
- Detainee
- Youth
- Victim
- Bully
- Patient
- Child in Need



### Rates of offending across lifespan (AIC)



(a) Rate per 100,000 population aged 10 to 19 years (see Explanatory Notes paragraphs 23-25).  
 (b) Includes offenders with an unknown sex.



### Young offenders

- Male (4:1 but ratio falling)
- Educational problems
- Lack of social integration
- Disrupted family backgrounds
- Family criminality
- Cognitive impairment & mental health issues
- Experience of trauma, NEGLECT & abuse
- Substance use highly predictive of offending

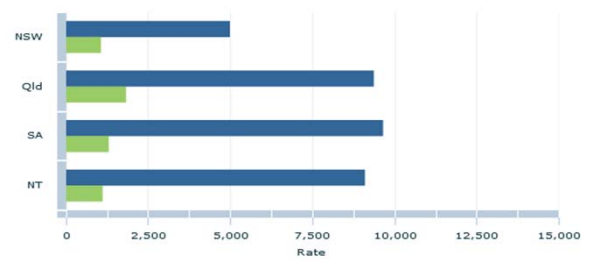


## Youth offending in Australia

- Small number responsible for most crime (8% for 50%)
- Most offences non-violent
- Majority of victims are young
- Very few offenders end up in custody (2%)
- Over-representation of indigenous youth
- Adolescent limited offending

Australian Bureau of Statistics 2013

AGE STANDARDISED OFFENDER RATE(a)(b), Indigenous status by selected states & territories, 2013-14



■ Aboriginal and Torres Strait Islander(c)  
■ Non-Indigenous(d)

Save Chart Image

Australian Bureau of Statistics

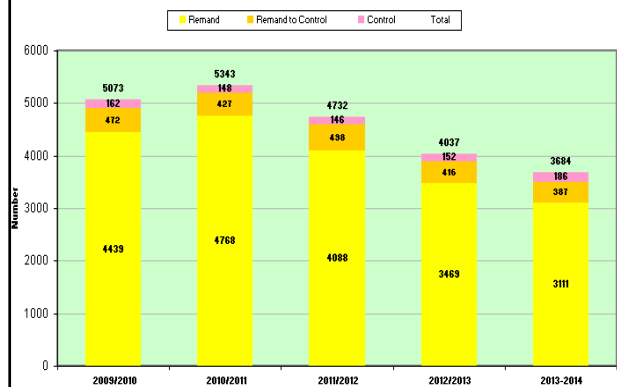
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## What proportion in custody?

For every 1,000 people aged 10–17 resident in NSW:

- 13.6 had a criminal matter finalised in the Children's Court
- 10.6 were convicted and/or sentenced
- 5.3 were given sentences requiring Juvenile Justice to supervise them in their community
- 1.1 were sentenced to detention

Admissions to Juvenile Justice Centres



Source: DJJ/J Strategic Information System (SIS). Effective date 12 July 2014

1 Remand to Control are admissions on remand which become control orders during a continuous period of custody.

## 2009 YPICHS Baseline Survey

- 361 overall participants
- 87% male, 48% Aboriginal (ATSI) origin
- Average age
  - Male 17.1, female 16.3, ATSI male 16.7
- 318 face-to-face baseline health interviews
- 293 Psychometric testing (WISC, WAIS, ABAS)
- Mental illness (K-SADS-PL)
- Abuse/neglect (CTQ)

## General health- YPICHS

- 32% reported significant head injury with LOC
- 42% overweight or obese- compared to 22% in community samples (AIHW 2008/9)
- Ear infections and asthma common
- 50% sexually active by 13
- Most had multiple partners and minority using condoms

### Court attendees: Physical Health

	Physical health status (n)	Physical health status (%)
Prescribed medication past 2 weeks	22	36.1
Ever had head injury, unconscious, or "blacked out"	43	70.5
Ever diagnosed with any of the following conditions		
Any	50	82
Allergy	13	21.3
Asthma	26	42.6
Epilepsy	1	1.6
Heart problems	6	9.8
Kidney problems	1	1.6
Poor eyesight	8	13.1
Chlamydia	5	8.2
Infection (ear, skin or chest)	44	72.1
Family history of physical or medical problem	24	39.3

### Substance use- Australian adolescents

- 11% are daily smokers
- 30% of young people drink at risky or high-risk levels
- 19% had used an illicit drug within the last 12 months- mostly cannabis
- 38% reported being victims of substance/alcohol related violence

2011 Household survey (aged 12-24)



### Substance Use: YPiCHS

- Nearly all had ever smoked cigarettes
- Most (89%) reported ever using illicit drugs
- The most common drug used was cannabis (87%) followed by ecstasy (41%) and amphetamines (29%)
- The majority (95%) of young people had ever been drunk
- 78% of young people were found to be risky drinkers

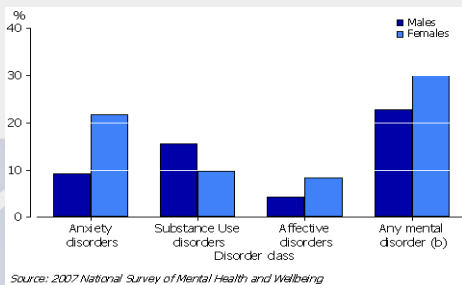


### Mental illness in Australian Youth

- Greatest numbers of people with a mental illness are in the 18-24 year age group.
- 14% aged 12-17 years have mental health problems.
- Boys slightly higher rates than girls
- Onset of bipolar disorder and schizophrenia
- Adolescents with mental health problems report high rates of suicidal thoughts and other health-risk behaviours



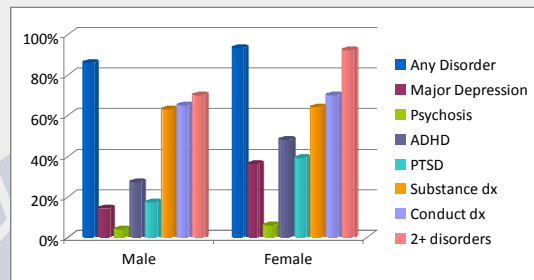
### Mental Health of Young Australians



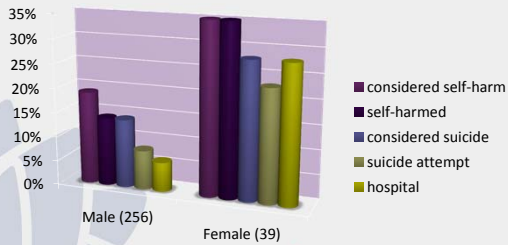
Source: 2007 National Survey of Mental Health and Wellbeing



### Mental Health YPiCHS



### Mental health: self-report measures



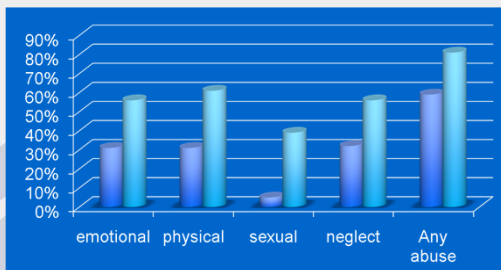
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### Why high rates of mental disorder?

- Risk factors for SMI overlap with those for criminality
- Onset of most major mental disorders in late adolescence and early adulthood
- Association with substance use disorders
- Repeated loss, trauma and victimization

NSW Health  
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### History of childhood abuse & trauma



Source: 2009 YPICHS  
Juvenile Justice and Justice Health.

NSW Health  
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### Family background

	Aboriginal (N=148)	Non-Aboriginal (N=147)	Males (N=256)	Females (N=39)
One/both parents died	15	10	12	18
Parents ever in prison	61	30	44	48
Parents currently in prison	16	4	10	11
Live with someone with a disability	23	29	26	28

Source: 2009 YPICHS, Juvenile Justice and Justice Health

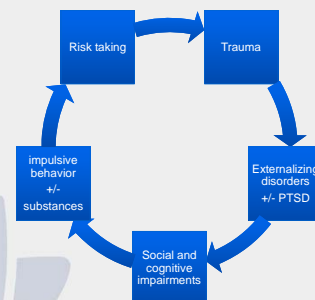
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### Cycle of trauma

- 65% physical altercation with fellow detainee in past 12 months
- 43% parental imprisonment
- 35% in custody for first time
- 23% were homeless prior to custody

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### Circular exposure



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## Youth at risk and children in need



JUSTIN SIMCLIFFE

**NSW** Health  
Justice Health & Forensic Mental Health Network



## Assessment and Screening

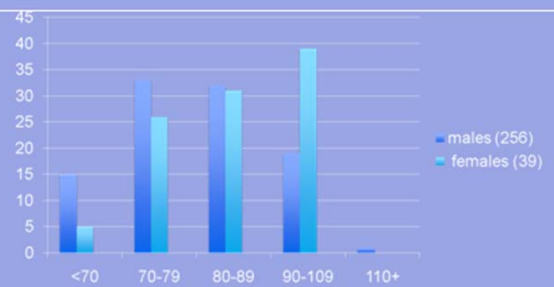
- Mental health
- Substance Use
- Neurodevelopmental issues
- Physical health
- Immunisations
- Sexual health
- Treatment needs
- Capacity and IQ- not routinely

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Juvenile Justice

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STATEWIDE SERVICE

### IQ scores (YPICHS)



Source: 2009 YPICHS, Juvenile Justice and Justice Health.

## Mental health assessment and treatment

- Screening- SQiFA
- JJ psychologists and counselors- YLSI & interview
- Mental Health team referral- mental health clinician
- MHOAT measures (SDQ, CGAS, HoNOSCA)
- Psychiatrist
- Treatment – custody, inpatient (FH), community, JJ
- Follow up

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## In Mental Health Treatment

- 106 on mental health waitlist (350/d average in custody)
- Mood disorders, anxiety, psychosis, trauma symptoms
- 40% of those on medications
- Most receiving antidepressants/antipsychotics
- Self-harm and segregation issues
- 7% on stimulants- targeting ADHD

**NSW** Health  
Justice Health & Forensic Mental Health Network

## Challenges



## Opportunity limited

- The average length of stay on remand is nine days
- 57% stay up to 1 week
- Only 5% stay longer than 6 months
- Most young offenders not in custody
- Community follow-up problematic

## Custody-adverse outcomes

- Incarceration in adulthood
- Further trauma and victimization
- Death, suicide and serious accidents
- Substance use and/or dependence
- Unemployment, marital and relationship problems
- Exclusion from mental health and other services

## Increased mortality rates Coffey et al 2003

- Victorian data
- Mortality in young offenders: retrospective cohort study
- **9x SMR** for male young offenders after 1<sup>st</sup> time in custody
- **40x SMR** for female young offenders
- Substance use, suicide, accidents most common themes
- 3 x SMR for young people in contact with Child Protection, 2x for schizophrenia and 5x for anorexia nervosa

SMR= Standardized Mortality Rate

## Community Integration Team

- promote positive outcomes for young people
- provide referral to community services
- facilitate the re-integration of young people with mental health and/or drug alcohol problems into the community
- support and educate community service providers
- undertake care in consultation with the YP and their

“One of the tragic things about people in custodial care, is that during their time in custody, the vast majority of them will certainly have better access to health care than they have EVER had in their lives.”



Chris Puplick –  
President Anti-Discrimination Board NSW 2003  
Chair, JH&FMHN Board

## YPICHS 2009: Acknowledgements

### Investigators

Devon Indig, Claudia Vecchiato, Leigh Haysom, Julie Carter, Una Champion, Claire Gaskin, Eric Heller, Natalie Mamone, Rodney Beilby, Shalin Kumar, Peter Muir, Gilbert Whitton

### Survey Team

**Justice Health:** Shalin Kumar, Renee Hoomans, Corinna De Wit, Maxwell Mutakiwa, Jennifer Ireland, Suzanne Riach, Julie Plimmer, Wendy Lance, Jonine Gilmour, Maree Keller, Thanduxolo Gogwana, Kathryn Peters, Jude Page, Lisa Pearce

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Juvenile Justice, NSW Health (Centre for Aboriginal Health)

### Participants and Families



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