

A COLLABORATIVE APPROACH TO THE DELIVERY OF MENTAL HEALTH SERVICES TO JUVENILE OFFENDERS

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Mental illness prevalence amongst juvenile offenders is significantly higher than prevalence rates among youth. *The Queensland Forensic Mental Health Policy (2000)* highlights that young people in detention suffer rates of mental illness four times greater than young people in the general community. Young offenders present with a range of mental illnesses, including Conduct Disorder, depression and anxiety, post traumatic reactions, ADHD and Substance Use Disorder. In particular Sawyer et al (2000) note that of young people with either a diagnosis of depression, ADHD or Conduct Disorder, 23 percent also met the criteria for a second of these diagnoses. Given that most young offenders will meet the criteria for Conduct Disorder, this highlights the need for this group to have appropriate access to Mental Health Services.

Substance Use Disorder is also an area of concern within this population. This is highlighted by the large percentage of young people in detention who have used substances. *The Survey of the Health Needs of Young People in Queensland Detention Centres* (Tan & Foote, 2001) notes that 30 percent had used amphetamines, whilst 66 per cent of detainees had used alcohol. Seventy percent had used marijuana as compared to 50 percent of general population aged 15-24 years that had tried it (Donald, Dower, Lucke and Raphael; 2000). Thirteen percent of detainees had used solvents compared to 3.4% of 15-24 year olds in the general population (Donald, Dower, Lucke and Raphael; 2000). Again the need for appropriate mainstream services is highlighted for this population in relation to their substance use.

The Queensland Forensic Mental Health Policy (2000) reiterates what we all know, that despite these prevalence rates, young offenders do not engage with and often do not have equitable access to the range and quality of Mental Health Services available to the general population. The reasons for this inequitable access are broad and revolve around a number of common themes as voiced by both practitioners and clients in Mental Health and Juvenile Justice services. These themes include:

- Mental Health worker perception of increased risk and decreased positive outcome
- Perceived 'flicking' of responsibility for clients
- Behaviour versus mental illness philosophical differences and the fluidity of mental illness criteria
- Lack of understanding of limitations of roles of mental health workers and family services officers- risk taking, suicide ideation and self harming behaviour
- Lack of understanding of limitations in mandated service versus voluntary services.
- Differing service goals (treat mental illness versus treatment of recidivism)
- Confidentiality and third party clients
- Fear of labelling for the client and stigma; and
- Limited outreach and the appropriate setting for intervention.

These barriers and issues of accessibility of mental health services for young offenders and the subsequent establishment of the Child and Youth Forensic Mental Health Service was informed by several key documents and policy.

The document *Future Directions for Child and Youth Mental Health Services (1996)* provides a template for the delivery of mental health services to young people in Queensland. It states that Child and Youth Mental Health Services (CYMHS) are to target those young people at high risk of developing serious disorders. Of the several groups of young people at high risk, which are identified in this document, the following are of particular relevance to young offender populations:

- Children and youth in care or in contact with the law
- Those with early onset mental disorders such as conduct disorder and psychosis.
- Those suffering abuse, neglect and other traumas; and
- Youth engaging in substance abuse.

The *Commission of Inquiry into Abuse of Children in Queensland Institutions (1998)*, (also known as *The Forde Inquiry*) made 42 recommendations. Recommendation number 10 referred to Queensland Health and stated “that the Department (Department of Families) work closely with Queensland Health to establish adequate, high quality mental health services for juvenile detainees, staffed by in-house specialised mental health personnel with whom a child and adolescent psychiatrist and allied mental health staff can consult part-time”.

The *Survey of the Health Needs of Young People in Queensland Detention Centres* (Tan & Foote, 2001) was conducted between 1 July 2000 and 31 December 2000. This survey involved the reviewing of 121 files (8 females and 113 males) from both the Brisbane and Cleveland Youth Detention Centres. The following data was extrapolated from the medical interviews conducted within 3 days of admission to detention, and the time frames regarding use were consequently not reported. Additionally to highlighting the high levels of substance use, the survey also presents prevalence of mental illness within this population. Specifically 67 of these 121 young people met the diagnostic criteria for one or more psychiatric disorders and a further 18 young people had attempted suicide.

The *Queensland Forensic Mental Health Policy (2000)* holds that offenders in the community will be provided with equitable access to district mental health services. Existing services will be supported by new specialist forensic services. The overarching goal of the Child and Youth Forensic Mental Health Services therefore is to improve the access and relevance of mental health services to the young offender population, including early indicated intervention in this area.

As a consequence of *The Queensland Forensic Mental Health Policy (2000)* a statewide Child and Youth Forensic service was rolled out. The statewide model of service delivery was developed:

- Juvenile offenders in detention are to have their primary care needs met by detention centre teams that offer mental health and alcohol and other drug services¹
- Upon release from detention young offenders requiring ongoing mental health treatment will be transferred to District CYMHS who will hold primary case management responsibility and will be supported by the community based specialist service²; and
- The specialist forensic teams will offer three levels of intervention ranging from general advice and information through to direct service provision through co-case management.

Two key stakeholders involved in the implementation of this statewide service delivery model are Queensland Health and Department of Families. Both stakeholders are committed to ensuring the equitable access to mental health services for young offenders and have worked together in the Northern Zone to provide these young people with an effective, flexible and thorough mental health service.

¹ These services are based in Brisbane (servicing the Brisbane Youth Detention Centre) and Townsville (servicing the Cleveland Youth Detention Centre).

² Specialist forensic services are based in Brisbane (servicing the Southern and Central Zones) and Townsville (servicing the Northern Zone).

The Northern Zone occupies approximately 750 000 square kilometres from Mackay on the East Coast of Queensland, west to the Northern Territory border and north to the Papua-New Guinea border. The 1996 census reported that the total population for the zone of 592 000 was nearly 18 percent of the total Queensland population with a population projection of 600 000 by 2006. It has an annual average growth rate of 2.3 percent with the Aboriginal and Torres Strait Islander population for the zone being 8.1 percent.

Northern Zone Child and Youth Mental Health Services

The North Queensland Health Zone is made up of eleven Health Districts serviced by separate district mental health services. The zone is divided into three networks for the management of mental health services with the Principal Service Centres based in Townsville, Cairns and Mackay.

Department of Families

The Department of Families provides a number of services to the Queensland Community, including Child Protection and Youth Justice services. The purpose of the Department is “to strengthen and protect the wellbeing of Queenslanders, particularly those who are vulnerable and most in need”. The vision of the Department is “safe children and young people; connected families and communities; and effective services”. The underpinning values of the organisation are fourfold: Service, Diversity, Learning, and Integrity (Queensland Government, 2003).

Townsville/Thuringowa Youth Justice Service

The Youth Justice Service (YJS) in Townsville was set-up in 1999 as a pilot program. It is now an established service and the only one of its kind in North Queensland. The purpose of the service is to provide specialist interventions for young people in conflict with the law, with the specific goal to divert young people aged 10 – 16 years from further offending.

The YJS operates according to a case management model and has partnerships with a number of other agencies such as the Department of Employment and Training, the Griffith Adolescent Forensic Assessment and Treatment Centre, and local community agencies. The YJS together with its community partners are currently working with 167 young people across a number of regions, as far west as Hughenden, north to Ayr, south to Home Hill, and east to Palm Island. Currently about 50 percent of the service’s clients are Indigenous.

The Youth Justice Service has a number of stated goals that include:

- Reduce the over-representation of Indigenous young people on youth justice orders
- Reduce recidivism both in terms of offending behaviour and criminality
- Develop stronger partnerships with the community-at-large; and
- Enhance the scope of the therapeutic services offered to young people within the juvenile justice system.

Cleveland Youth Detention Centre

The Cleveland Youth Detention Centre is one of two detention centres in Queensland. Its catchment area is from Mackay north to the Cape. The centre accommodates thirty male residents aged between 10 and 17 years, who are subject to remand or detention orders. The centre has a high proportion of Aboriginal and Islander residents, which varies between 55-75 percent. Over the past few years the proportion of Indigenous residents has been declining.

The centre has three explicit goals as per the Youth Justice program's Secure Care Framework (Queensland Government, 1999). These are to protect the community from offences, to promote the safety and well being of detained young people, and to reduce the likelihood of young people re-offending following their release from detention. The residents of the centre are case managed, and participate in formal education and recreational activities. Programs conducted at the centre include anger management, victim awareness, challenging offending behaviour, healthy relationships and a sexual offenders program in conjunction with Griffith University.

The Consultation Process

There was much concern regarding the use of this statewide model of service delivery in the Northern Zone. In consideration of these concerns and the unique geographical issues of the Zone a two-stage process of consultation was undertaken.

Initial consultation with the various Child and Youth Mental Health Services in the Northern Zone highlighted some clear concerns raised by clinicians. These concerns were:

- The District CYMHS staff have high workloads and the forensic program was perceived by many clinicians as having the potential to stretch resources to breaking point
- The client group themselves were perceived as having complex needs requiring extensive resources. Further these young people were seen as presenting a higher risk for violence and suicide
- Some clinicians were also anxious about the possibility of being drawn into the court system and facing regular subpoenas and demands for lengthy reports
- A significant number of CYMHS clinicians were opposed to the consult/liaison model. These workers felt that the forensic team would be unaccountable for client outcomes
- Some CYMHS workers voiced the concern that there was a paucity of specialist forensic knowledge in Queensland and that the forensic teams would have little to offer; and
- Some District CYMHS opposed the idea of the consult/liaison service being a Townsville-run program.

Consultation was then conducted with other key stakeholders within the Northern Zone, particularly with the management of the Youth Justice Service and Cleveland Youth Detention Centre, which extended to the involvement of these key services in the recruitment of staff for the specialist forensic team.

Based on the recommendations that arose from this consultation process a Northern Zone service model was developed that would be "hands on", flexible in their approach, accountable in their practice, and would work closely with the Youth Justice Service and Cleveland Youth Detention Centre. This, in addition to the statewide model of service delivery, would facilitate the development of specialist skills and knowledge and access to the target population within the Northern Zone.

The team was named the *Northern Zone Adolescent Forensic Mental Health Service* and commenced operation on 1 July 2003. The community based consult/liaison team and detention centre team has been combined and is managed by one Team Leader. The joining of the teams was considered an effective way to facilitate skill development in clinicians and to provide momentum to the forensic program. The team consists of five clinical practitioners, two indigenous health workers and a half time Child and Adolescent Psychiatrist and each of the Principal Service Centres have senior clinical positions.

Collaboration

Bernhardt (2002) noted that ‘collaboration between services is most appropriate when: addressing social problems that have multi-faceted causes’, and where the best solutions require broad, multi-systemic influence and resources (Edwards & Stern, 1998). Mental illness amongst young offenders, and in particular Conduct Disorder as a diagnosis, is a complex issue. Traditionally young offenders are not engaged by mainstream, clinic based services, and their treatment needs are difficult to negotiate across sectors. This gap in service delivery clearly identifies the need for the forensic mental health service to develop a collaborative emphasis with those services already engaged with this client group. The Youth Justice Service and Cleveland Youth Detention Centre are two central services who hold statutory responsibility for this client group and as such are already engaged with these young people. Further, these services have a shared goal to improve access of mental health services to this population and therefore address the long standing identified service gap engaged with this client group. Shared goals are fundamental to the establishment of effective collaboration between services (Bernhardt, 2002). The collaboration between these services and the Northern Zone Adolescent Forensic Mental Health Service has occurred on a number of levels.

Physical Space

Within Cleveland Youth Detention Centre allowance was made for desks and computers to enable forensic staff to be located on-site for the majority of time, only coming off-site for team meetings and supervision requirements. The ability of the team to be on location at Cleveland has provided a number of benefits, including:

- Facilitation of a holistic approach to assessing and meeting the mental health needs of residents through team attendance at a range of client related planning meetings, including suicide risk assessments, case planning meetings, Secure Care meetings and the daily morning meeting
- Improvement in the co-ordination of service delivery and client outcomes through the development of positive working relationships between forensic mental health staff and case managers at CYDC
- Increased acceptance of mental health staff by clients and an increased client willingness to engage with these practitioners through the high visibility of staff afforded by co-location
- Enhanced response times to client’s deteriorating mental health status, faster turnaround in terms of assessments and treatment plans due to the presence of mental health practitioners on site; and
- Specialist psychological and psychiatric services available to residents through the appointment of clinicians and a Child and Adolescent Psychiatrist.

The Northern Zone Adolescent Forensic Mental Health Service (NZAFMHS) is also co-located at the Youth Justice Service two to three days each week. Similarly to the benefits experienced at CYDC, this has allowed staff from the two services to develop strong working relationships through enhanced communication and additionally has ensured that the pathways to referral can remain open and as seamless as possible to ensure timely service to clients.

Client Services

Within the detention centre, forensic mental health staff provide interventions regarding both mental health and Alcohol and Other Drug issues. The collaboration has benefited client outcomes in terms of intervention in the following ways:

- A clear process of referral to the forensic team has been established. This referral process includes clear eligibility criteria and pathways for referral via Secure Care management
- The assessment process both in terms of quality and timeframe is enhanced because pertinent information, both current and historical, vital to the assessment of a client is easily obtained through case managers and youth worker staff

- Feedback to detention centre staff regarding mental health management of a client occurs in a timely and easy manner
- Attendance at planning meetings has also ensured that this flow of information is maintained, for the benefit of the client; and
- Good working relationships have also been developed with Education Queensland, also based in the centre, through attendance at planning meetings and communication about client needs.

At the Youth Justice Service a clear referral process through team leaders has been developed. A flexible approach to service delivery at Youth Justice means that young people can be seen either at the Youth Justice Service, with transport provided by Departmental youth workers if necessary, or at other locations if required. Youth Justice and forensic team staff also conduct joint home visits as necessary. Assessment and brief intervention are conducted by the Northern Zone Adolescent Forensic Mental Health Service in the community/Youth Justice setting, with long term treatment needs being referred to the mainstream Child and Youth Mental Health Services for possible co-case management.

Programs

- Forensic mental health staff based at Cleveland Youth Detention Centre run an alcohol and other drugs group program for residents and additionally offer individual counselling where appropriate
- The forensic mental health team within CYDC will be delivering cognitive skills and mental health programs to residents in the near future
- On a larger scale, forensic mental health staff in the community and the staff of the Youth Justice Service have been developing a parent support and family therapy program based on the work of Barkley (Defiant Teens, 1999) and adapted to meet the local needs. This program involves a 4-week parent support and management training group, followed up with a 9-session family therapy program, and is targeted at those at risk of offending or presenting to Court for their first offence. The program will start in January 2004; and
- Youth Justice and forensic mental health staff have also been collaborating in developing a therapeutic program for young offenders with substance use issues. This is currently in the initial phases of development.

Staff Training

- A mental health training package for youth workers is planned by the detention centre based forensic mental health staff
- The community based forensic mental health staff have been assisting Youth Justice in their training of staff in therapeutic issues by providing in-service presentations on request; and
- Training to Youth Justice staff regarding mental illness amongst their client group, the Mental Health Act (2000) and Conduct Disorder is scheduled to occur in early December 2003. The aim of this training is to assist staff in identifying clients who may require referral to the forensic mental health service, or main stream mental health services.

Joint Service Planning

- The Northern Zone Adolescent Forensic Mental Health Service have been involved in the recent bi-annual Youth Justice Service Planning day. This planning explores the goals and sets the priorities of client service delivery for the upcoming six-months
- The Forensic Mental Health Service Team leader has been invited to attend regular Management meetings at the Cleveland Youth Detention Centre.

Challenges in Collaboration

In any collaborative process there are a number of potential barriers. Bernhardt (2002) comments on six potential areas of obstacle. On a local level we have been fortunate to encounter only two of these six. Bernhardt (2002) classifies these barriers as *Logistical* and *Managerial* barriers.

In our experience Logistical barriers have included:

- Client confidentiality; and
- Limited space in Departmental offices – in terms of long term sustainability.

Managerial barriers include:

- Different organisational goals; and
- Differing philosophies (medical model versus social justice model).

Future Directions

Whilst this collaborative approach to mental health service delivery to young offenders is still in its infancy, a number of future directions for the service can already be identified:

- Continued representation of staff at key stake holders service planning days. This attendance will ensure that we continue to foster a common vision for the services and set clear program objectives that continue to meet the needs of young people in terms of forensic mental health
- Improving engagement of Indigenous clients. To date referrals to the community forensic mental health team have been limited and have not reflected the clients with higher needs for service, particularly indigenous clients with complex mental health problems. The forensic mental health team will therefore explore what other key agencies may be engaged with this client group, and focus on developing collaborative projects with these agencies. At this time it is thought that Indigenous health services and justice groups may be an important focus.
- The forensic mental health clinicians for Mackay and Cairns are in the process of being appointed. The development of collaborative relationships will then need to be developed where appropriate in these centres. These positions will be supported by the Townsville based team.

Evaluations

The delivery of mental health services to young offenders and the collaborative process itself will obviously need to be robust in terms of its evaluative strategies. The goal of these strategies is to regularly address the question of whether our programs are meeting the underpinning goal of improving the accessibility of mental health services to young offenders. A number of tools designed to measure aspects of accessibility including client satisfaction have been identified and include:

- A survey of client attitudes about accessing mental health services has been developed and will be distributed to clients via the Family Services Officers at Youth Justice. This will provide valuable feedback from the clients regarding their difficulties accessing main stream mental health services and may provide ideas for making these services more appropriate to the client group

- Mental Health Services within Queensland currently use Outcome measures with all mental health clients seen by services on 3 or more occasions. This system should therefore provide important data on the effectiveness of treatment offered to this client group by the Forensic Mental Health Service
- Youth Justice services maintain a register of referrals made to NZAFMHS and will be able to use this register to look at recidivism rates amongst those clients who are referred and engage with mental health services, versus those clients who do not engage.
- It is important to evaluate the quality of the collaborative relationships developed between services. The Sainsbury Centre for Mental Health (2000) has developed an evaluative survey titled 'Issues underpinning joint work' for this purpose. This will be used to evaluate the collaboration between NZAFMHS and both Youth Justice and Cleveland.
- The Queensland Children's Commission will independently review the NZAFMHS's work at the detention centre.

Summary

The northern zone adolescent forensic mental health service is developing unique and flexible approaches to the delivery of mental health services to young offenders. As a program in its first six months of development it provides an opportunity to evaluate and adjust a service to allow it to most meet its goal of service provision and better client outcomes.

Case Presentation – What Collaboration Really Means for the Client?

The following case provides an example of how good collaborative relationships improve client outcomes through timely assessment and good communication pathways. While we can not be sure how things would have been different in terms of outcomes and the experiences of this young person, there is no doubt that things would have been different. The permission of the young person (referred to as X) and his mother was obtained for inclusion in this paper on the 14/11/03.

X was a 17-year-old indigenous male who had been detained in Cleveland on a Detention Order in January of 2003. At the time of referral he was approaching his release late in October. Concerns were raised about X withdrawing from programs and making comments about staff and co-residents being out to get him. The Forensic Mental Health team had flagged this as a concern and their services were offered to CYDC.

On the 15/09/03 an urgent assessment was requested by the CYDC secure care manager. Presenting concerns at the time of referral included:

- Isolating himself
- Refusing to leave his bedroom
- Laying in bed with linen covering his face and body
- Minimal physical movement
- Reduced fluid and food intake
- Staff constantly checking his safety and concerned about this
- Low motivation to attend to hygiene
- Very emotional in family meeting and then very withdrawn; and
- Ending in a state of catatonia

X was assessed by the Townsville CYMHS based medical staff that afternoon. A prescription was provided for anxiolytic and antipsychotic medication, and a recommendation was made for placement in a low stimulus environment (medical unit of CYDC) with constant supervision by nursing staff.

Communication between Xs case manager and Xs family revealed that stories written by X prior to admission to Cleveland indicated paranoid and disordered thinking. This also highlighted a family history of mental illness as X had observed two older siblings experience psychotic and depressive episodes. This information was related to the medical team from CYMHS.

On the 16/09/03 X became uncharacteristically aggressive toward a staff member for an unknown reason. Prior to becoming aggressive he was observed to be swinging his legs and wringing his hands. A forensic mental health practitioner saw X and the situation discussed with the Child and Adolescent Psychiatrist. The Psychiatrist decided to admit X to the Mental Health Acute Care Unit for further assessment as he was unable to consent to treatment as a result of his catatonic state. The admission to hospital was facilitated by the AFMHS and this was a smooth transition.

On admission to Acute Mental Health Unit X revealed that he was hearing voices and was observed to be responding to these auditory hallucinations. He was frightened by the hospital environment and was reassured by regular visits by the AFMH case manager. He was discharged from hospital on the 19/09/03, with medication once he was stabilised and responsive. The AFMH team recommended that he be maintained and monitored in the Medical Unit at CYDC and gradually reintegrated into programs and the CYDC community. During the hospital admission X's progress was related to CYDC staff via the AFMH case worker.

Forensic mental health staff continued to monitor and provide interventions to X at CYDC, with regular review by Child and Youth Mental Health Psychiatric staff. This continued intervention highlighted that some of the detention centre staff and residents were featuring in Xs hallucinations, and he was quite afraid of these people. This included the staff member he had been aggressive towards prior to admission. This indicated that some risk existed and the forensic team conducted an assessment of Xs risk of violence and suicide.

As many of the Youth Workers and Operation Officers who regularly came into contact with X had little understanding of his condition information was provided to staff members of CYDC and this assisted their understanding of his condition. This in turn facilitated his recovery as staff were aware of the reasons for his behaviour and accepted it as part of his illness. He was able to recover without pressure.

The forensic team was involved in discharge planning and liaising with Mental Health Services for follow up on discharge. This included the provision of a letter from the medical staff for Centrelink for X to gain benefits on discharge. They also remained in constant contact with his family and were able to provide accurate information regarding his recovery and psycho education regarding his illness. They were available to both staff at CYDC and Xs family members for advice and remain in contact with the family to date.

At the time of leaving Cleveland, six weeks after initial assessment X was noted to have improved personal hygiene, engaged in activities and did not appear to be responding to auditory hallucinations. His return home was uneventful and to this time he remains symptom free.

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