

Justice health School-Link initiative: supporting young offenders get back on track through education..



Kim Eisler
Justice Health School-Link Project Officer

Justice Health Forensic Mental Health Network (JHFMHN) provides health care to adults and young people in contact with the criminal justice system, both in custody and in the community, and those within the NSW forensic mental health system. Even though our patients have come into contact with the criminal justice system, the vast majority spend only a short period of time in our custody and thus it is vital that they also receive support from mainstream services in the community.

JHFMHN is committed to working with other Government Departments and Non Government Organisations to reduce the stigma of young people in contact with the criminal justice system, to improve their health and consequently reduce criminal recidivism.

In 2009 JHFMHN received funding to establish its own School-Link Initiative in recognition of the complicated and demanding needs of the young people who find themselves in contact with, or at risk of coming into contact with, the criminal justice system. It has a unique role providing state-wide support to clients with highly complex and challenging problems.

The JHFMHN School-Link Initiative aims to:

- Raise awareness of the health and well-being needs of young people who come in contact with the criminal justice system
- Raise awareness of the protective function that education and vocational endeavours can have for mental health and well-being of young people
- Facilitate understanding of the circumstances that influence a young person's successful engagement with education

- Support young people associated with, or in danger of being associated with, the criminal justice system to optimise access and engagement with health and education services

Facts and figures : young people in custody

Each year close to 5,000 young people are admitted into custody, approximately 450 young people are in custody on any given day. Most young detainees spend short periods of less than a week in detention. Almost half are in remand awaiting sentencing, and this is especially true for female detainees.

A comprehensive survey of the health of young people in custody was completed in 2009 (Indig et al, 2011). The data collected substantiates evidence found in many other studies - that those young people who come in contact with the criminal justice system face a range of social, economic, health and personal problems. (Wilson & Tully, 2009). These young people are often from the most disadvantaged sections of society and have confronted a range of difficulties, often from birth.

There is an array of physical health problems that confront juveniles in detention, including obesity, dental health issues and speech and hearing problems (Wilson & Tully 2009). Other research confirms that young offenders' performance on all language and social skills measures is significantly worse than non-offenders. (Snow and Powell, 2008).

Young detainees report high rates of childhood abuse and neglect. Over a quarter reported being placed in out of home care before the age of 16, and 43% of those young people had been placed in care before they were aged 10 years. Over one in four said that they lived with someone with a physical, mental or emotional problem that impacted on their daily life. Almost half reported one or both of their parents had ever been in prison.

Young people who come in contact with the criminal justice system frequently have high rates of mental health problems, 87% of detainees were diagnosed with at least one psychological disorder. Young women in detention are significantly more

inclined to report high psychological distress, including more self-harming and suicidal behaviour.

Drug and alcohol abuse is common, many of the young people participate in binge drinking and experience impaired control of their drinking. Nearly all young people reported having smoked tobacco and using illicit drugs. Cannabis is the most common drug used, particularly among Aboriginal young people, followed by ecstasy.

Overall, 77% of young people in custody had an IQ score below 89, that is, in the low average or lower range. One third of those surveyed had an IQ score which placed them in the borderline or extremely low intellectual disability range.

On the whole young detainees are born in Australia (89%) with almost all of them speaking English at home. Aboriginal young people are disproportionately over-represented comprising approximately 50% of detainees, despite making up only 4% of the general adolescent community.

Why school matters

For young people in custody the average age of leaving school was 14.4 years, with the median age being 15 years. Only 38% of young people in detention reported going to school in the six months prior to custody, 88% had been suspended from school at least once. Two thirds had been suspended three times or more. Nearly half had been excluded from school and 41% had attended a special class or special school

Young people, who experience a multitude of risk factors across personal, family and social contexts, will have an increased likelihood of engaging in criminal activity. For those who are missing the protective factors of a steady education, good health and a supportive nurturing environment these risks are all the more concerning. (Wilson & Tully, 2009)

Research in Australia and internationally consistently shows that successful engagement and completion of education can be protective for mental health, physical health, future socio-economic status and employment as well as contact with the justice system. (Sander, 2010; Geib et al 2011)

Early school-leavers are more likely to experience:

- Poorer mental and physical health
- Higher unemployment rates

- Lower incomes and lifetime accumulated wealth
- Higher rates of crime and
- LESS engagement in “active citizenship” (Lamb & Rice, 2008)

A high proportion of young people in the criminal justice system have experienced disengagement from school and poor academic achievement. The inter-connection between early behaviour problems and academic difficulties are well documented. (Geib et al 2011; Sprott et al 2005)

JHFMHN - Adolescent Community Programs

As well as providing services to young people in custody, JHFMHN is engaged in a range of services which both improve the health outcomes of young people whilst reducing criminal recidivism and risky behaviours:

Justice Health Adolescent Court and Community Team (JH-ACCT)

The JH-ACCT is a multi disciplinary team of clinicians who have extensive child and adolescent mental health experience and risk management skills to enable them to identify and assess risks posed by young people to themselves and others. The JH-ACCT provide two services, the Court Diversion and Liaison Services and the Community Consultation Liaison Service

JH-ACCT Court Diversion and Liaison Services

JH-ACCT clinicians attend Bidura, Parramatta, Campbelltown, Port Kembla, Sutherland, Wyong and Woy Woy, Bourke, Wagga Wagga, Bourke and Dubbo courts. They divert young people with emerging and established mental health and/or drug and alcohol problems from the criminal justice system into appropriate treatment in the community – when it is appropriate to do so.

When a young person is referred to the service the JH-ACCT clinician carry out a brief assessment and a mental health report indicating the feasibility of diversion into community health treatment or any other options that may be applicable is provided to the Magistrate.

JH-ACCT Community Consultation Liaison Service (CCLS)

The CCLS provides comprehensive forensic mental health and risk assessments to support other government agencies in the management of young people with challenging behaviours. The CCLS sup-

ports the ability of community services to engage, manage and retain these young people in treatment. Referrals can be made from any government agency however the young person does need to be connected to a Child and Adolescent Mental Health Service treating Team.

Youth Drug and Alcohol Court (YDAC) Program

The Youth Drug and Alcohol Court (YDAC) program is a multi-agency initiative led by Juvenile Justice. It uses a combination of judicial and therapeutic interventions to reduce or manage young people’s drug and/or alcohol use and related criminal activity.

Community Integration Team (CIT)

The CIT is a Justice Health initiative to aid the successful reintegration of young people from custody into the community with significant mental health and/or problematic drug and alcohol issues

CIT goals:

- Coordinate integrated, ongoing care for young people prior to and during the critical post release period
- Link young people to appropriate specialist and generalist community services
- Provide young people and their families/carers with information in regard to effective health management.
- Reduce the number of young people re entering custody as a result of mental health and/or or drug and alcohol related offending behaviour
- Assessment and develop individual case summary/management plans and refer to appropriate community services
- Engage in joint brief case management Juvenile Justice (JJ) and other government and non government departments, to achieve the individual case management goals of the young person.

The CIT operates at Kempsey, Bourke, Newcastle, Broken Hill, Grafton, Penrith, Fairfield, Gosford, Wagga Wagga, Dubbo, Fairfield and Sydney Metropolitan. ●

For more information on the Justice Health School-Link Initiative and Justice Health Services please contact :

Kim Eisler
Justice Health School-Link Project Officer
PH : 02 8372 3023

kim.eisler@justicehealth.nsw.gov.au

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