

Re-integrating Young People into the Community

Justice Health Community Integration Team

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JUSTICE HEALTH ADOLESCENT HEALTH

- Adolescent Health was created in 2003
- State-wide service.

Adolescent Health has two specific community based programs

1. Adolescent Court & Community Team (ACCT)
2. Community Integration Team (CIT)

Juvenile Justice Centres

1. **Reiby** – Campbelltown, South-Western Sydney (12-15yrs)
2. **Cobham** – Western Sydney (15-17yrs)
3. **Juniperina** – Auburn, Western Sydney (12-17yrs) (Female Only)
4. **Frank Baxter** - Central Coast (15-17yrs)
5. **Kariong** – Central Coast (15-17yrs) (high security)
6. **Riverina** – Wagga Wagga (15-17yrs)
7. **Orana** – Dubbo (15-17yrs)
8. **Acmena** – Grafton (15-17yrs)
9. **Emu Plains** – Western Sydney (15-17yrs)
10. **Broken Hill** – (15-17yrs)

Aboriginal Young People in Custody

Snapshot August 2009 (CIMS Database)

- 10 Juvenile Justice Centres across NSW
- 459 young people in custody (28 young women & 431 young men)
- 199 of these young people identified as Aboriginal
- Aboriginal young women in custody: 42%
- Aboriginal young males in custody: 39%
- Total proportion of Aboriginal young people in custody: 43%

Percentage of Aboriginal Young People in Custody Across NSW

1. Orana (Dubbo): 94%
2. Acmena (Grafton): 70%
3. Riverina (Wagga Wagga): 51%
4. Reiby (Campbelltown): 47%
5. Juniperina (Auburn, Sydney): 43%
6. Frank Baxter (Kariong): 41%
7. Cobham (Western Sydney): 26%
8. Kariong (Kariong): 24%
9. Emu Plains (Western Sydney): 22%
10. Broken Hill (Western NSW): 0%

ABORIGINAL MENTAL HEALTH CLINICIANS IN ADOLESCENT HEALTH

- High proportion of Aboriginal young people in custody.
- Support those young people regarding their specific mental health / cultural needs.
- To assist by consultation, research and program development in addressing the mental health needs of Aboriginal young people in contact with the criminal justice system.
- To build partnerships with Aboriginal communities; urban, rural and remote; and the Aboriginal/non Aboriginal services re: mental health that may support the reintegration of the Aboriginal young people back into the community.

ABORIGINAL MENTAL HEALTH CLINICAL LEADER (AMHCL)

- **Justice Health - Gaay Wandabaa Aboriginal Mental Health – Young Spirit” - report completed by J/H Aboriginal Vascular Health Co-ordinator Libby Johns in March 2008.**
- **NSW Aboriginal Mental Health & Well Being Policy 2006-2010 Key Indicators**
- **AMHCL sits across both the Adolescent Court & Community Team & the Community Integration Team.**
- **AMHCL is closely aligned with the Community Integration Team.**

COMMUNITY INTEGRATION TEAM

- CIT Clinicians: Dubbo, Wagga Wagga & Gosford
- Advocacy for those young people returning to the community with mental health issues
- Working closely with community organisations (e.g. CAMHS, AMS)
- CIT hope to work more intensely with Aboriginal young people, and their communities in supporting re-integration
- Targeting central and western NSW communities

What is the Community Integration Team (CIT)

- CIT commenced 19 May 2008
- The role of CIT is to coordinate care prior to and during the critical post release period with links made to appropriate specialist and general community services for those young people currently in custody with an emerging or serious mental illness and/or problematic drug and alcohol use or dependence.

Aims of the CIT

- To assist in reducing recidivism by addressing mental health and /or drug and alcohol problems
- Improve mental health and drug and alcohol outcomes
- Improve access to health care in the community
- Improve health knowledge and literacy
- Improve compliance with treatment

CIT Alignment with NSW State Plan

- F1 - Improved health education and social outcomes for Aboriginal young people
- F3 – Improved outcomes in mental health
- S1 - Improved access to quality health care
- S3 – Improved health through reduced obesity, smoking, illicit drug use and risky drinking
- R1 – Reduce rates of violent crime
- R2 – Reduce re-offending
- R3 – Reduced levels of antisocial behaviour

CIT Clients Jan 09 – July 09

	Riverina	Orana	Central Coast
Aboriginal Male	6	41	8
Other Male	4	7	25
Aboriginal Female	0	4	4
Other Female	0	4	4
Total	10 (Did not offer service until March 09)	56	41

Case Study

- 18yr old male from the Riverina area
- Dysfunctional family with significant substance abuse and offending behaviour
- History behavioural problems since commenced school. Left school before completing year 8
- Seen by paediatrician in 2003, diagnosed with ADHD & ODD. Referred to local CAMHS did not attend appointments, no further follow-up
- Living in refuges and with friends from 13 yrs age
- Significant alcohol and cannabis use since 13 years age
- 8 previous custodial sentences. First 2004 (age 14 years). Behaviour in custody problematic with impulsivity and inappropriate behaviour.

Case Study

- Numerous appointments made to see CAMHS and D&A services upon release from custody. Did not attend, no further follow-up
- 7 month custodial sentence 2007, seen by Justice Health Psychiatrist - provisional diagnosis of schizophrenia
- Referred to CIT May 2008 prior to discharge from custody
- CIT clinician negotiated referrals to Area MH and D&A services
- CIT clinician attended all appointments with young person, provided support and arranged multi- agency (MH, D&A, P&P) case reviews that involved both the young person and the family
- Young person now integrated well with community services and living at home. CIT clinician decreasing involvement with young person

Future Directions

- Expansion of CIT to include remote and rural sites
- Additional clinician - Aboriginal Mental Health Worker based in the Riverina
- Additional psychiatry hours.
- Aboriginal Mental Health Worker and Sexual Assault Worker to work across all sites
- Investigate how CIT can work with sole practitioners (e.g. GP's) in more remote areas