

What is the Mental Health Perspective on Juvenile Offending?



Overview

- Prevalence of mental health problems
- Link between crime and inequality
- Prevention and early intervention
- CAMHS Services to Juvenile Justice



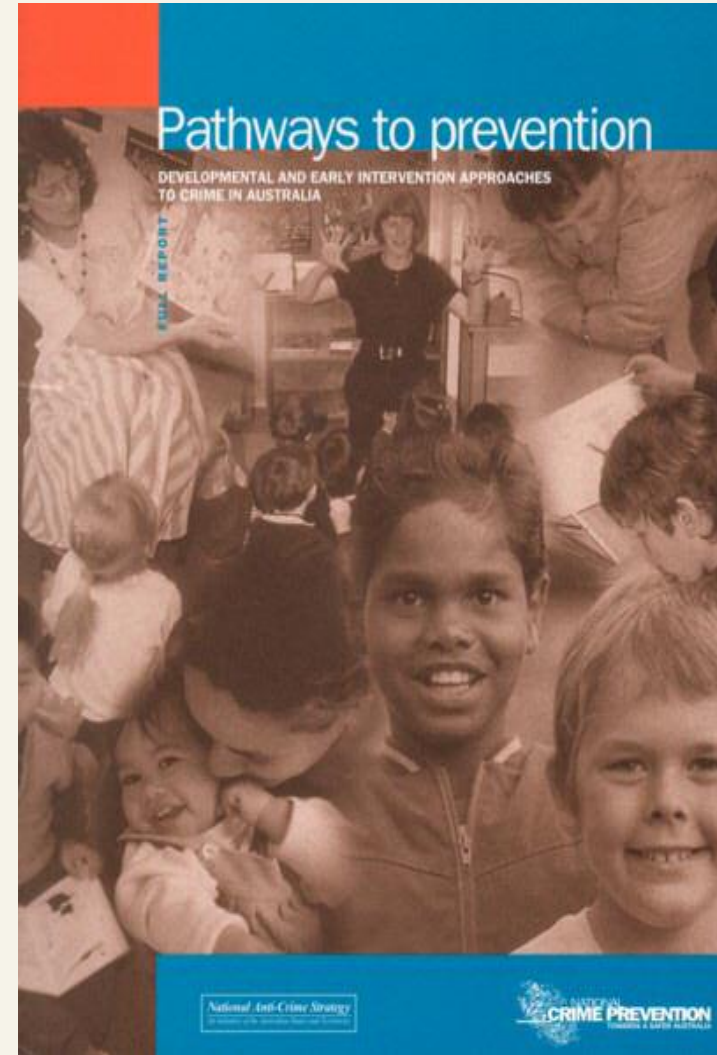
Mental Health of Young Australians- 2000

- 14% of children and adolescents in Australia have mental health problems
- This high prevalence rate is found in all age and gender groups
- There is a higher prevalence of child and adolescent mental health problems among those in low-income, step/blended and sole parent families



Ross Homel et al
1999

Provides
excellent
overview on the
need to
intervene early
to prevent crime



Pathways to Prevention

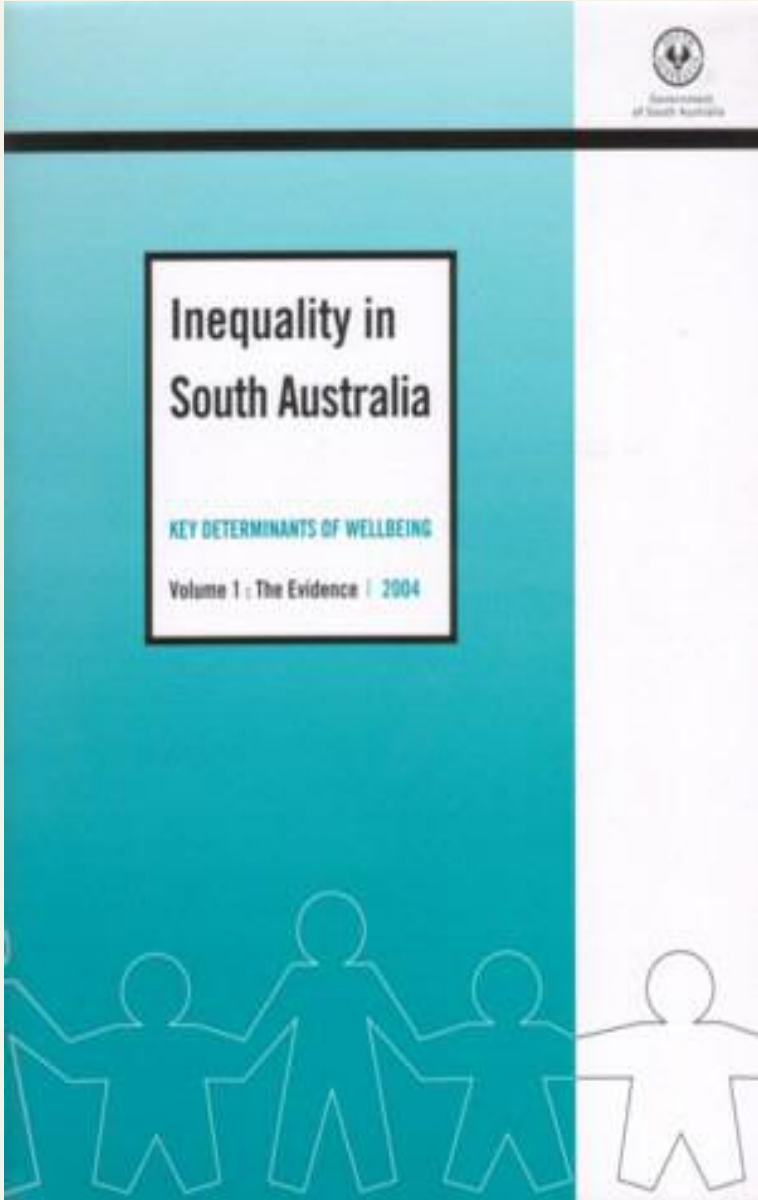
- The roots of criminal offending are complex and cumulative and that they are imbedded in social as well as personal histories
- Risk factors that facilitate entry into a criminal career require a life course perspective that views each potential young offender as someone who is developing over the life course

(Hemel, 1999)





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Social Inequality

The highest concentrations of children under 16 years of age living in low income families are in areas located in the outer north and outer south of Adelaide, as well as in the north-western suburbs



Indicator-School Retention

School Retention at age 16
years- Playford-Elizabeth
(60%) v Unley (91%)

Indigenous- year 12 (31% v
average 70% for non-
indigenous)



Indicator- Child Abuse & Neglect

- Areas with twice the State average number of cases were Port Adelaide, Enfield, Hackham, Elizabeth
- The rate of Indigenous children who were the subject of substantiations was seven times the rate of non-Indigenous children



Indicator- Crime offences involving apprehension

- Playford- West Central 262 offences per 1000 population, 10 years and over
- Mitcham- North East 23 offences per 1000 population, 10 years and over



Who is more likely to offend?

- Clear evidence between offending and social risk factors
- There are also a range of individual risk factors



Individual Risk Factors

- Living in an abusive environment
- Family breakdown
- Parenting difficulties
- Lack of success at school
- Peer group acceptance and influences



What can we do about this?

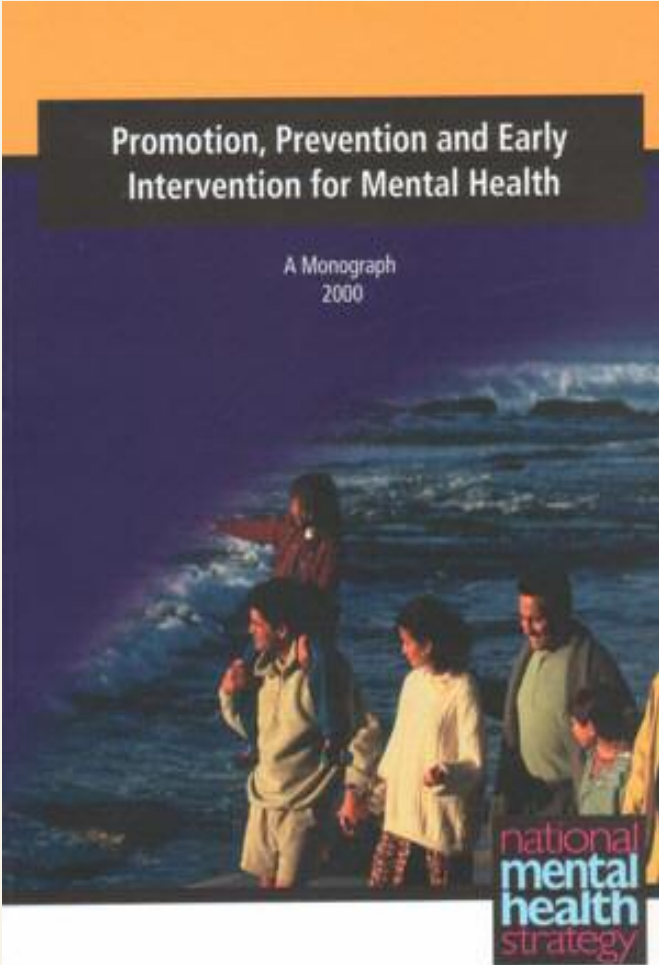
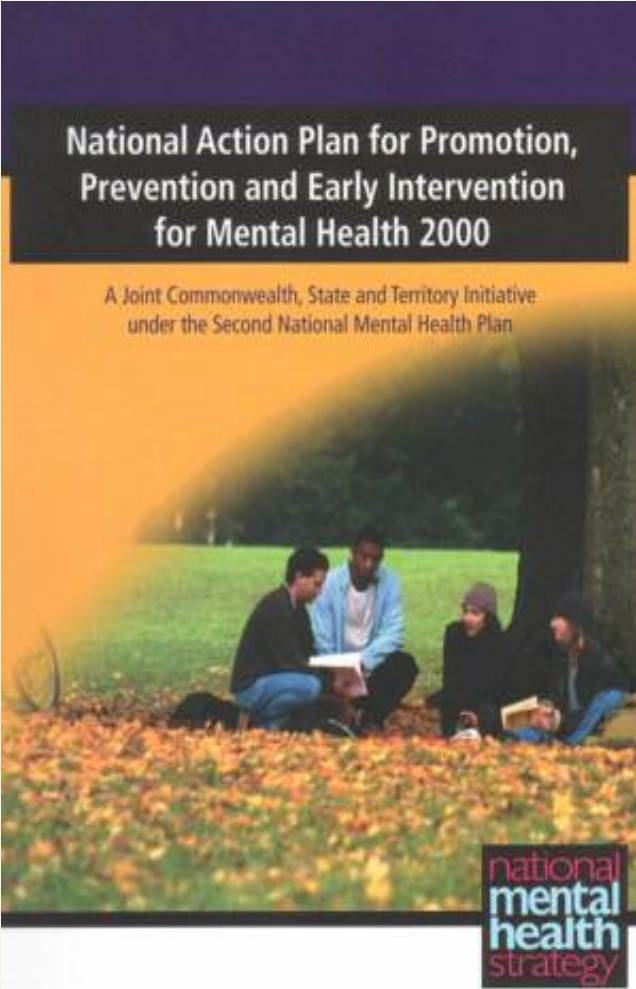
- Intervention should be focussed at both the community and individual
- Inequity in SA clearly provides direction into which community areas need special intervention
- Priority needs to be placed on prevention and early intervention
- Collaborative interagency practice is critical to underpin initiatives



Promotion & Prevention: National Action Plan



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Promotion Prevention Action Plan

- Perinatal and infants 0-2 years
- Toddlers and pre-schoolers 2-4 years
- Children 5-11 years
- Young People 12-17 years
- Young Adults 18-25 years
- Adults
- Old Adults



Prevention- Policy Context

- Policies designed to reduce the level of economic stress or attenuate its effects, and early intervention programs designed to reduce the risk of child neglect have an important role to play in long term crime prevention (Weatherburn and Lind, 1997)
- Strong commitment from SA Government with Keeping them Safe and Every Chance for Every Child



Prevention: Family Risk Factors

- Family Risk Factors have a major effect on crime. Family based prevention can directly address those risk factors with substantial success..... The earlier they start in life it seems the better (Sherman, 1997)
- Universal Home Visiting -CYH



Prevalence of Mental Health Problems in Detention Centres

- High prevalence Mental Health Problems young people in Youth Training Centres (Kosky et al 1990)
- Four times higher than reported by adolescents in the community & comparable to those who present at mental health services
- Up to 50% of those in detention are Aboriginal



CAMHS Services

- Community Services/ Adolescent Services
- Cavan & Magill Services
- Aboriginal Mental Health Consultants – Cavan & Magill
- Aboriginal Youth Mental Health Partnership Project



CAMHS Community Teams

- Community Teams – early intervention with children & young people with behaviour, early offending issues
- Inpatient Services – children & young people severe mental health issues



CAMHS Services (cont)

- Adolescent Services – Day Programs
Young people with significant behavioural, offending or oppositional behaviour
- Mary Street Adolescent Sexual Abuse Prevention Program (ASAPP)–
Work with adolescent sexual abuse perpetrators



Aboriginal Youth Mental Health Partnership Project

- Western Metropolitan Area
- Work with young Aboriginal people at risk socially & emotionally & those at risk of entering Juvenile Justice Arena
- Developing mental health skills of staff in Aboriginal organisations



Aboriginal Youth Mental Health Partnership Project

- Developing cultural knowledge of mental health staff
- Linking with Aboriginal organisations in Western area
- Work with young people and their families to reduce risk factors



CAMHS Services to Cavan and Magill

- Visiting Cavan & Magill Link Nurse
- Timely Mental Health Assessments & treatment
- Psychiatry input – 1 session per week
- Medication
- Collaborative work with Second Story
- Referral to appropriate resources post release



Frequent History of Young Offenders

- Domestic Violence
- Separation / Divorce
- Single parent family
- Drug and alcohol abuse in family
- Behavioural / parental control issues
- Parental mental illness
- Attachment issues
- Intellectual disability
- Language and learning difficulties
- Family history of criminality
- Physical, sexual emotional abuse
- Indigenous



Majority of Referrals

- self harm / suicide / self harm risk assessment
- depression
- Behavior management
- liaising with other mental health agencies
- supportive counselling
- psychotic episode
- anxiety
- adjustment
- grief and loss



Response to Referrals

- Direct assessment
- On going follow up (counselling, monitor symptoms, medication management, behaviour management)
- Liaising with other mental health workers including the visiting psychiatrist
- Liaison & support to workers who are providing direct care (ie youth workers) as well those who are responsible for case management.
- Collaborative and consultative services to other service providers in community and secure care settings
- Linking of young person into community mental health and counselling services



Aboriginal Mental Health Consultants

- Two full time Aboriginal consultants employed by CAMHS
- Promote positive mental health and social and emotional well being for Aboriginal young people detained within the Youth Training Centres



Aboriginal Mental Health Consultants work in Centres

- Provide emotional support to indigenous people
- Develop positive relationships with Aboriginal young people
- Increase cultural links –raising cultural issues at case conferences, release planning
- Co-work with other agencies such as CYFS, Aboriginal services
- Develop strong links with CAMHS Community Services post release
- Support mental health services and Youth Training Staff to provide culturally appropriate services



Summary

- High prevalence of mental health problems in the community
- Extremely high prevalence rates of mental health problems for those in juvenile justice
- High numbers indigenous people in juvenile justice system
- Interventions need to start early- eg Universal Home Visiting
- Clinical Interventions need to be coordinated across agencies
- Special attention is being paid to developing appropriate indigenous mental health services

