

INQUIRY INTO THE ADEQUACY OF YOUTH DIVERSIONARY PROGRAMS IN NSW

10 May 2018 Hearing

Questions taken on notice by NSW Health

[The Hon. JENNY LEONG] —

QUESTION 1

If a 13-year-old has a drug problem in New South Wales, is there a publicly available rehabilitation support service that they can access? We have heard in some of the discussions that the way younger people access detox is often through custody rather than outside custody. You might need to take the question on notice, but I would be interested to know that, if police were aware of a young person in that situation, what services are available outside custody?

Dr CHANT: There are a range of services and I can provide this information to the Committee. As part of the New South Wales Government's commitments, \$75 million was allocated over four years for drug and alcohol services in 2016. Of that, \$16 million was provided specifically to new youth alcohol and other drugs [AOD] detox and treatment services. That funded 11 new non-government organisation [NGO] services for youth and enhanced 6 existing local health district [LHD] services. We also have expertise sitting in our Sydney Children's Hospitals Network and addiction medicine specialists who are focused on the very severe end, which would be characterised by the case you presented. I can provide a list of where those services are.

ANSWER

Young people can access alcohol and other drug treatment in a range of settings including through specialist, and community settings, for example at mental health, emergency departments, community health and generalist youth health services. The Justice Health and Forensic Mental Health Network, Sydney Children's Hospitals Network and Nepean Blue Mountains LHD withdrawal unit are some of the key existing NSW Health services.

In addition, in 2016, the NSW Government provided \$16 million to NGO and LHD services to fund new youth alcohol and other drug treatment services across the state, and to build the state-wide capacity of the NSW child and adolescent specialist workforce.

The NSW Government funded Hunter New England LHD, South Western Sydney LHD, Nepean Blue Mountains LHD, Western NSW LHD, Central Coast LHD, and the Sydney Children's Hospitals Network to enhance multidisciplinary alcohol and other drug service delivery for young people.

The NSW Government funded a Youth Addiction Fellowship - to build the state-wide capacity of the NSW child and adolescent specialist medical workforce to holistically address the harms related to young people and substance use.

As part of a Ministry tender process, ten NGO service providers were awarded contracts to provide eleven services across NSW.

Organisation name	Model	Service location	LHD
Karralika Programs Inc	Withdrawal Management and Psychosocial Counselling and Support	Eurobodalla Shire (Batemans Bay, Surfside, Tuross Head, Moruya, Narooma)	Southern NSW
Karralika Programs Inc	Withdrawal Management and Psychosocial Counselling and Support	Wagga Wagga and Hilltop LGS (incorporating Young)	Murrumbidgee
Mission Australia	Withdrawal Management	State-wide service based in Robertson	Illawarra Shoalhaven
Ted Noffs Foundation	Psychosocial Counselling and Support	Liverpool	South West Sydney
St Vincent's Hospital Sydney, Alcohol and Drug Service	Psychosocial Counselling and Support	South Eastern Sydney	South Eastern Sydney
St George Youth Services	Psychosocial Counselling and Support	St George, Sutherland, Botany, and Canterbury	South Eastern Sydney, Sydney
Sydney Drug Education & Counselling Centre (SDECC)	Psychosocial Counselling and Support	Mosman, North Sydney, Northern Beaches, Lane Cove, Ryde, Hornsby, Kuring-gai, Hunters Hill and Willoughby	Northern Sydney
Centacare New England North West	Psychosocial Counselling and Support	Tamworth and Narrabri	Hunter New England
Hunter Primary Care Ltd	Psychosocial Counselling and Support	Newcastle	Hunter New England
Drug ARM Australasia	Psychosocial Counselling and Support	Moree LGA	Hunter New England
The Buttery	Psychosocial Counselling and Support	Northern NSW	Northern NSW and Mid North Coast

[The Hon. JENNY LEONG] -

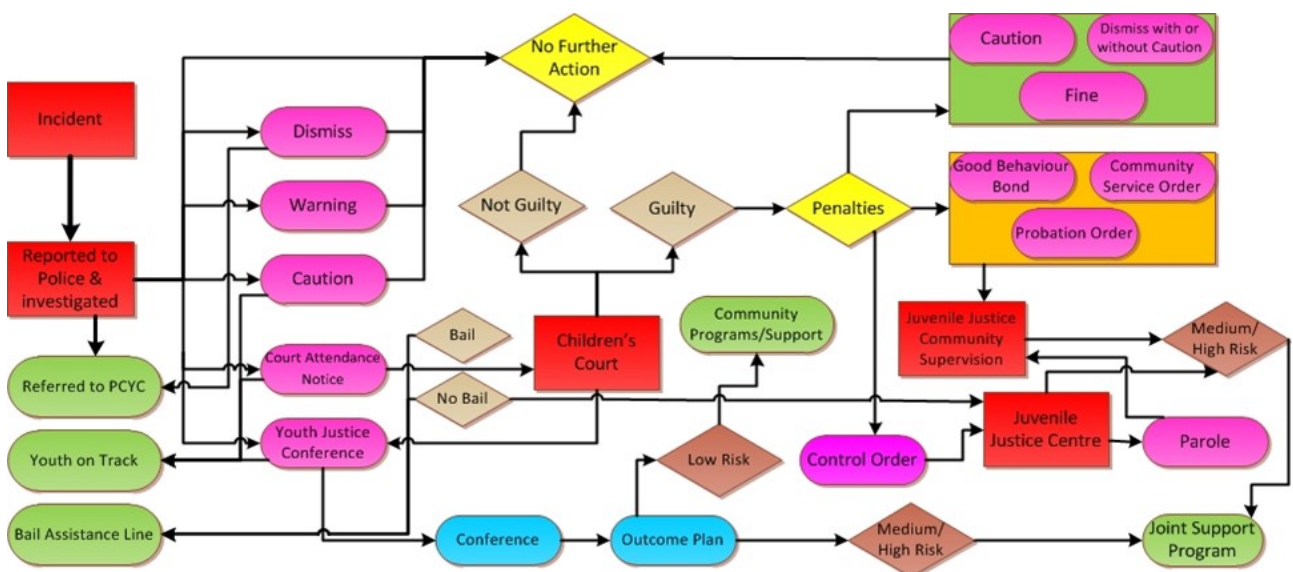
QUESTION 2

My final question relates to the New South Wales Government's submission. A useful flowchart on page 13 of the Government's submission maps the path of young people through diversion programs and the criminal justice system. It appears to be only the criminal justice element. I appreciate it is not something you would want to answer now, but I would be interested to know at what point Justice Health are involved and those services are available to those young people at various stages. It seems to me we have talked about the support for young people who present before the court. It would be interesting to know if there is a diversion program and post-custody what ongoing support is available from Justice Health, if any?

Dr CHANT: We would be happy to map from 3.2 the forms and diversion and look at the interception points for Justice or NSW Health in general.

The Hon. JENNY LEONG: That would be helpful. Thank you.

ANSWER



Juvenile justice point	NSW Health or Justice Health intersection
Police report and investigation	N/A
Police warning or caution	Warnings and cautions can lead Police to refer to health and welfare services that respond to the underlying causes of the offending.
Youth Justice Conference – including Outcome Plan	A YJC outcome plan may include a referral to a treatment service to address risk factors identified during a conference, including drug and alcohol use, mental health or behavioural/cognitive issues. However, an outcome plan cannot require a young person to attend treatment. This is because acceptance into a treatment program is dependent on decisions during intake and assessment that are outside the control of the young person, and it would be unfair for the young person to be sanctioned as a result of a service's decision not to accept them.

Children's Court	The Justice Health & Forensic Mental Health Network's (the Network) Adolescent Court and Community Team (ACCT) is available in 21 Courts across NSW to assess young people with mental health concerns, for eligibility for diversion under Section 32 and/or Section 33 of the <i>Mental Health (Forensic Provisions) Act 1990</i> . The ACCT will refer those young people who present with mental health concerns to a community based treatment service where required. These community services may include Child and Adolescent Mental Health Services (CAMHS) and/or Drug & Alcohol Services. Mandatory notifications to the Department of Family and Community Services (FaCS) are also made, when required.
Good Behaviour Bond	Monitoring of a Good Behaviour Bond is the role of Community Corrections and has no interface with the health system
Community Service Order	This is the role of Community Corrections and has no interface with the Health system.
Fine	A Work Development Order allows young people to satisfy debts due to outstanding fines through voluntary work, approved courses or treatment.
Probation Order	An order may include a requirement to attend counselling
JJ Community Supervision Order	Juvenile Justice Community Supervision has no interface with the health system.
Control Order	The court can impose a control order (a custodial order) and then suspend it provided the child enters into a bond to be of good behaviour. If the bond is broken, the child will have to serve the entire control order in custody. In addition, there may also be other conditions of the bond, such as: attendance at alcohol or other drug counselling or other therapy, or living where directed by Juvenile Justice or Community Services, or accepting directions regarding people with whom the young person associates, or attendance at school or other training, or seeking employment, or receiving assessment, counselling or other treatment for mental health problems.
Juvenile Justice Centre	The Network's custodial health teams provide primary care and specialised services in a consultation liaison framework for mental health, drug and alcohol, oral health and sexual health services.
Parole	Parole services currently have no interface with NSW Health services
Post release – Joint Support Program	Limited services are provided through NSW Health services via Joint Support Programs.

Community supports and programs	NSW Health or Justice Health intersection
Youth on Track	Case managers may refer client to NSW Health treatment services for specific behavioural, psychological or medical interventions, including substance use
PCYC	Varies across the state. Some LHDs may provide programs to PCYCs. For example, Northern Sydney LHD runs Go4 community obesity treatment programs through PCYCs in the District.
Bail Assistance Line	NGOs are funded to provide case management and other support services.
Community Integration Team (CIT)	The CIT is a care navigation service which assists young people leaving custody who may be on a variety of orders and/or no orders, to access community mental health and drug and alcohol services.
Forensic Risk Assessment and Management Advise Service- FRAMAS	This service delivered by the Network, assesses and provides recommendations for treatment to Child and Adolescent Mental Health Services (CAMHS) for young people presenting with high risk of violence or violent behaviours, who are under the care of CAMHS.

[The Hon. STEPH COOKE] -

QUESTION 3

Can any of you expand on the provision of dental services within Juvenile Justice facilities? I visited the Wagga Wagga facility independent of the rest of the Committee and I was given a great tour of that facility. However, I was concerned that the dental room at that facility—it is first-class, brilliant—is not being used. Why is that?

Mr FORREST: I cannot explain the member's observation of that but what I can talk to are the oral health services provided by the network. People who come into the custodial environment—whether it be young people or adults—generally have a poorer state of health. Their oral health is generally neglected and the need for oral health intervention is higher. In all our six juvenile justice centres we provide a dental service where a dentist and a dental assistant visits each of the centres. The program is managed centrally to make it effective for the dentist to be able to see the maximum number of young people. We put young people on a waiting list. That waiting list is triaged and if there is a young person who has an acute dental need—for example, they might have an infection or a dental abscess—those conditions are treated.

The patient could be given antibiotics or the patient may need to be taken out to the local health district's dental service in order to receive emergency dental treatment, and the network would pay for that service. Our routine dental service goes around to each of the six juvenile justice centres to see typically those patients who are non-acute and who can wait usually a period of three months before the dentists comes back around to the centre again. We do not staff the dental services every day of every week. We try to get around to each of the six juvenile justice centres in approximately a three-month period to see the non-acute cases.

Dr CHANT: NSW Health has actually increased the funding to Justice Health for oral health services. We recognise it is a very needy population, but in the design of how those services are delivered we have also got to ensure efficiencies to reach the maximum number of vulnerable

people. We would be happy to give the Committee data on the sort of activity level that is occurring in the justice centre for oral health. It is an incredibly important component.

The Hon. STEPH COOKE: I would appreciate that. Thank you.

ANSWER

The oral health service level activity from 2011/12 to 5 May 2018 is shown in the following table.

Table 1. Number of dental patients treated in a NSW correctional centre, 2011-12 to 5 May 2018

JH & FMHN	Year						
	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18*
Juvenile Justice Centres	357	299	254	268	335	211**	167
Correctional Centres	4,783	4,593	4,596	4,557	5,111	5,826	5,357
Total	5,140	4,892	4,850	4,825	5,446	6,037	5,524

* Number of patients as at 5 May 2018. The number of patients treated in 2017-18 is expected to be consistent with previous years by end of June 2018.

**The reduced number of dental patients treated in Juvenile Justice Centres in 2016-17 and 2017-18 is due to an overall decrease in the number of juvenile detainees in custody since 2011 (BOCSAR, June 2017) and decreased service demand.

The dental clinic at the Juvenile Justice Centre at Wagga Wagga is not a NSW Health facility. Young people from the Riverina Juvenile Justice facility access dental services at the public dental clinic at Wagga Wagga.

[The Hon. DAMIEN TUDEHOPE] -

QUESTION 4

What is the proportion of cases referred by magistrates pursuant to section 32 or section 33?

Dr SINGH: I am sorry, I do not have that data available.

The Hon. DAMIEN TUDEHOPE: Perhaps you could take that on notice. It plays into the member for Mount Druitt's line of questioning as to whether we are sufficiently diverting young people who have mental health issues to mental health rehabilitation facilities?

ANSWER

In 2016 - 2017, 766 young people were referred to the Adolescent Court and Community Team and 566 (74%) of those referred were diverted, where diversion is defined as referral to a mental health service.

As an indicator of volume of young people coming before the NSW Children's Courts, in the calendar year 2016, 5,874 young people (10 to 17 years of age), had a finalised court appearance according to the NSW Bureau of Crime Statistics and Research (BOCSAR).

The proportion of cases referred by Magistrates pursuant to s32/s33, is collected in NSW Court Data. The Ministry of Health and Justice Health and Forensic Mental Health Network do not have access to this data and further information should be sought from the Department of Justice.

[The Hon. DAMIEN TUDEHOPE] -

QUESTION 5

I raise a final issue with you which is in relation to privacy concerns and privilege, to an extent. The Law Society made a reference to a program; I think it is called New Street Services. That often just deals with sex offenders, potentially talking them through what is going on in relation to the offence or whatever. A concern which arises, of course, is that in the course of delivering that program information is collected which potentially is not privileged. This might be a self-answering question. Would you recommend that privilege should attach to the information collected by a psychologist/counsellor from young people in those circumstances?

Dr CHANT: It is always very cautious, given we are a bunch of clinicians. I think we would have to take that question on notice.

The Hon. DAMIEN TUDEHOPE: Sure.

ANSWER

Children and young people attend New Street Services where Police (or Department of Public Prosecutions) have decided not to proceed with charges or where the prosecution has been concluded. Therefore generally confidential relationship or sexual assault communications privilege is not an issue, as the child is unlikely to go before the court again for the same matter.

However New Street Services will advise Police if they become aware of further incidents, or previously unknown incidents. They will also report to Family and Community Services where they deem it necessary, to ensure the safety and wellbeing of a child. These reporting requirements are disclosed to the child and family at the commencement of therapeutic treatment.

There are a small number of cases within the New Street Program, where information sought by non-Health agencies causes disruption to the therapeutic process and potential treatment outcomes and safety, health and wellbeing of any children involved. However NSW Health is of the view that this is a complex area of law and policy and any changes to privacy or information sharing requirements, in this context would require research and consultation with other Government agencies, to determine whether it would be in the best interest of:

1. children and young people who have been harmed or might be at risk of harm
2. children/young people with harmful behaviours engaging in treatment
3. the wider community

[The Hon. GEOFF PROVEST (Chair)] -

QUESTION 6

During the Committee's site visits to Juvenile Justice centres, members heard that patients at mental health facilities are sometimes transferred to Juvenile Justice centres following an incident because there is not enough security in the mental health facilities to manage violent incidents. Does that happen?

Dr CHANT: I would have to check with my fellow deputy secretary of mental health. I will have to take that on notice but I am happy to follow that up.

The Chair: That would be fine.

ANSWER

Young people may only be transferred to Juvenile Justice Centres if they have received a custodial sentence or if they are remanded to custody. Young people in Juvenile Justice Centres as well as civil patients currently admitted to acute mental health units in a general hospital may be transferred to the acute adolescent mental health unit at the Forensic Hospital. This is contingent on whether their high risk to themselves and/or others requires admission to the high-secure hospital facility which is administered by Justice Health and Forensic Mental Health Network.