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Committee Secretary
 Standing Committee on Aboriginal and Torres Strait Islander Affairs
 House of Representatives
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Dear Ms Dacre

Submission to the inquiry into the high levels of involvement of Indigenous juveniles and young adults in the criminal justice system

The Menzies School of Health Research (Menzies) is Australia's leader in Indigenous and tropical health research. Menzies' evidence-based approach leads to ways to better prevent, treat and diagnose disease and to show how the social and physical environments in which health care is delivered can be improved for better health outcomes. Menzies' areas of expertise include Indigenous child and mental health, the social determinants of health such as housing and poverty, tropical and emerging infectious diseases, preventable chronic diseases and, increasingly, International health.

Menzies congratulates the Standing Committee on addressing the issue of substance misuse and the tragically high rates of Indigenous youth involvement in the criminal justice system.

As a scientific research organisation Menzies takes an evidence-based approach which relies on the gathering of baseline data, monitoring and evaluation; with the aim of providing evidence for necessary changes to policy and practice. This submission is based on research done by Menzies staff and partners in its mental health and substance misuse programs, and focuses on the Inquiry Reference on "The impact that alcohol use and other substance abuse has on the level of Indigenous juvenile and young adult involvement in the criminal justice system and how health and justice authorities can work together to address this" particularly in the Northern Territory.

Menzies has been implementing research relevant to this Reference, particularly focusing on Indigenous settings, for a number of years:

- Mental health: including:
 - development of mental health and substance abuse health education resources
 - baseline measures in indigenous mental health
 - training in cross cultural approaches to mental health, and
 - clinical and randomised control trials on particular interventions.
- Substance misuse: including
 - developing appropriate cognitive assessment tools for Indigenous Australians (with a specific interest in Indigenous adolescents),

- identifying specific cognitive and psychosocial dysfunction and recoverability in abusers of different substances (including recoverability associated with particular substance abuse rehabilitation programs) and
- validating these assessment tools in an adult prison population
- the specific socio-cultural and community contexts of patterns of alcohol or drug use
- evaluation of and guidelines for evaluation of Indigenous alcohol and drug programs and plans

The high rates of substance use in Indigenous youth, including petrol sniffing, alcohol and marijuana, are well known (Clough *et al* 2004; Lee *et al* 2008), as is the fact that Indigenous youth are over-represented amongst juvenile offenders – for example during 2000–2005 59% of juvenile offenders were Indigenous, when Indigenous youth make up only 38% of the Northern Territory population under fifteen years (Cunningham 2009). Research has also shown that high rates of substance use in Indigenous youth are strongly correlated with high levels of juvenile offending (Weatherburn, Snowball and Hunter 2006). The most common alcohol-related problems encountered in the Northern Territory include trauma, assault, family feuds, delinquent behaviour, and facial injury (Matthews *et al* 2002).

However there is a **paucity of research** on a number of elements essential for the design of successful interventions, in particular: youth perceptions, understandings and experiences of drug and alcohol abuse; the links between substance abuse and youth mental health; the way to most effectively educate Indigenous young people about the issues; the way to best integrate community-driven interventions with Government and its resources; and the best way to translate interventions known to be successful, to other settings (such as prison, probation and parole settings) (Senior *et al* 2006; Senior & Chenhall 2007 and 2008b; Chenhall & Senior 2009; d'Abbs & Brady 2004).

Interventions are often short term, sporadic, lacking in rigorous evaluation, lacking in corporate memory and hence the ability to learn from past successes and failures, lack an understanding of the experiences and perceptions of the youth involved, treat symptoms instead of causes, are either 'community-based' or 'Government' instead of genuine partnerships between the two, or ignore the importance of critical impacting factors such as family. Each program **failure then feeds into the downward spiral** of increased feelings of powerlessness and cynicism amongst the affected individuals and communities.

Menzies believes that all of these youth-related issues are connected – specific Indigenous community histories, specific youth experiences of the world, substance misuse, sexual health, mental health, at-risk or criminal behaviour. It is not possible to compartmentalise effort on, for example, health and wellbeing or criminal justice. There is a need for a **holistic approach** to address all of these issues; focusing on encouraging positive life outcomes by providing ongoing and sustained support for young people, their family and communities; based on an understanding of the specific youth families and communities involved. Integrated interventions involve consultation with community members and include all elements of the criminal justice system plus education, health and welfare (Cunningham 2009).

Specifically Menzies believes the following are required for successful and sustainable interventions:

- A coherent and integrated **evaluation framework** with detailed monitoring and evaluation of strategies, programs and services is needed, to determine whether the actions taken are working and to refine these actions over time. This may require new programs of data collection and research, rather than relying on *ad hoc* and unconnected pieces of research and program-by-program evaluations. Specifically, interventions targeted at young people have received little critical evaluation (Senior *et al* 2009).
- Research in the NT has found that juveniles who were **diverted from the court process** were less likely to reoffend than those who attended court (Cunningham 2007). Resources should be directed towards expanding, translating and evaluating these and similar programs including drug court options, specifically for Indigenous youth. Menzies has developed a relationship with an entirely Indigenous-run project called the Balunu Foundation, established in 2007 to address the problems of

at risk Indigenous youth, and early indications are (Senior & Chenhall in press) that it is these sorts of Indigenous-run organisations that can provide long term sustainable (albeit for the time being small scale) interventions; but more evaluations involving larger numbers and over longer periods of time are required.

- Activities such as gang membership, petrol sniffing, marijuana use (and possibly other substance misuse) can be seen as a rationale response to the problems youth face in their communities, and a way to build identity, boost self esteem and provide them with a sense of solidarity (McDonald 1999, Senior *et al* 2006). It is therefore important that **diversionary activities address the positive as well as the negative** aspects of the activities aiming to be curtailed.
- Menzies has developed an early intervention strategy for youth and adults with mental illness and substance dependence in remote communities (Nagel *et al* 2008; Nagel & Thompson 2007a). The intervention was shown to be effective in improving wellbeing and substance use outcomes (Nagel *et al* 2009). Such **early intervention strategies with known effectiveness need to be cultural adapted and translated to different settings**, for example correctional (prison, probation, parole) settings.
- Most effort is expended on those who are already involved in substance abuse or other at-risk behaviour. Little has been done to **find those young people who are not involved in substance abuse** and determine which factors are related to this, and to actively engage these people in the development and management of prevention programs. Menzies for example has just commenced such a research project in the community of Wadeye for the Criminology Research Council and the NT Department of Justice (Senior *et al* 2009).
- **Family** (Nagel & Thompson 2007; Senior & Chenhall in press) **and training of service providers** (Nagel *et al* 2009) **are two keys to behavioural changes** arising from culturally-adapted early interventions working with Indigenous youth and young adults with substance use and mental health concerns. This research demonstrates that family, elders, mentoring in prison and especially prison release support and needed to support youth, and that service providers can be trained and supported to involve and work with family as well as individual youth.
- Indigenous initiatives are delivered within complex social and economic environments reflective of the diverse history and circumstances of individual communities and towns, particularly in remote parts of Australia. The diversity of remote Australia is evident in the demographic and settlement characteristics for Indigenous people and the changing nature of these. The starting point for every individual community in relation to health, education, economic and other social indicators, is equally diverse. Interventions therefore need to **be tailored to the circumstances of each individual community**, and based on their own particular models of leadership and decision-making (d'Abbs & Brady 2004; see Senior & Chenhall 2007 for one example).
- Successful and appropriate interventions are **based on the perceptions of the youth involved**. As stated above this can often mean a community-by-community approach is required. Young people need to be encouraged to be pro-actively involved in addressing community issues and to take ownership of programs which address these issues. For examples see Senior & Chenhall 2008a and 2008b, and Senior *et al* 2006. Menzies' research in the community of Wadeye (Senior *et al* 2009) will provide young people with opportunities to become involved in developing youth programs for the community which youth will have responsibility for managing.
- Indigenous young people appear to have a higher incidence of mental health problems than non-Indigenous youth; one study suggests Indigenous men and women are hospitalised for mental and behavioural disorders at 2.0 and 1.5 times the rate, respectively, of their non-Indigenous peers. Contributing factors can be similar to those resulting in other behavioural problems including loss of land, poverty, dispossession, poorly functioning families, major life stress events, and the need for

Indigenous young people to adapt to drastically different worlds in the last decade etc. But very little is known about Indigenous mental health, and even less on the mental health of young Indigenous people (Ypinazar *et al* 2007, Zubrick *et al* 2005 and Adermann & Campbell 2007 cited in Chenhall & Senior 2009). There is a need to **better understand youth mental health issues**, the way in which they relate to substance abuse and youth involvement in the criminal justice system, and how to most effectively educate young people about the link between the two (Chenhall & Senior 2009, Senior & Chenhall, 2008, Senior *et al* 2006).

- Community resolve to address their issues leading to community-led interventions is important, but communities are often unaware of or unskilled in the processes involved in the allocation of resources, budgets and other financial decisions. Interventions must therefore be done in a genuine **partnership between community and Governments** and their resources (d'Abbs & Brady 2004; Senior & Chenhall 2007).

Thank you for the opportunity to comment and we look forward to the inquiry resulting in enhanced Government action in this important area. If you require any more information or assistance please contact Menzies' Executive Officer Adrienne Farago on _____ or _____

Yours sincerely

Professor Ross Spark
Deputy Director and Acting Director
Menzies School of Health Research

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