

Mr Ian Holland  
Secretary  
Senate Select Committee on Mental Health  
Parliament House  
Canberra  
ACT 2600

11 May 2005

Dear Mr Holland

We are writing as child and adolescent psychiatrists working with the adolescent offender population to discuss the provision of mental health services for young offenders. We understand that the committee is interested in the special needs of children and of service provision for the incarcerated mentally ill. The young offender population encompasses children and adolescents younger than eighteen years old and as significant numbers are incarcerated each year; they therefore fall within the committee's terms of reference.

These young people have complex needs, with co-morbid substance use and dependence a characteristic presentation. Research within Australia and the wider global community has demonstrated young offenders to be a population suffering significant disadvantage. They suffer greatly increased rates of mental disorders (in comparison with community prevalence rates for psychiatric disorders in adolescents) and this has been demonstrated in both community and custodial samples. The most recent Australian custodial survey<sup>1</sup> indicated that 46% of youths surveyed scored positively for a mood disorder, 36% for PTSD and 32% for an anxiety disorder excluding PTSD. Where specialized mental health services for incarcerated adolescents exist these are often underfunded and underdeveloped. Many custodial facilities catering for adolescents lack access to psychiatrists even less child psychiatrists with training in forensic mental health.

There is little Australian research dedicated to the epidemiology, treatment and long term outcomes of psychiatric disorder in this population. Decision making is thus dependent on North American and European research which will have been conducted in different legal settings and with different populations to those encountered in Australia. This therefore hinders the evidence base upon which treatment decisions are structured. There is a clear need for dedicated Australian research to be fostered in this field and a development of academic leadership in child and adolescent forensic psychiatry.

On a practical level, treatment of mental illness in a custodial setting poses many difficulties; for example it is not usually possible to enforce treatment in a custodial facility as the mental health act of the relevant state is usually not valid in such settings. Involuntary treatment and the treatment of serious psychiatric disorder in incarcerated

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<sup>1</sup> Mental health of adolescents in custody: the use of the "Adolescent Psychopathology Scale' in a Tasmanian context. Bickel R, Campbell A. Australian and New Zealand Journal of Psychiatry 2002; 36:603-609

young offenders thus often necessitates a transfer from custody to hospital and back to custody often with less than satisfactory treatment outcomes. These transfers often run counter to best practice management of an illness in an adolescent and can contribute to considerable tensions between the custodial facility and the treating community mental health service. We are not aware of any secure mental health facilities for adolescents within Australia; these facilities are available for adolescents in Europe<sup>2</sup> and are available within Australia for the treatment of adult offenders. We believe that the lack of this type of facility represents a gap in service provision for the adolescent mentally ill offender population and would urge the committee to investigate provision of such facilities.

Release from custody is a time of increased risk for adolescents, with studies indicating that adolescents released from custody have a significantly increased mortality rate<sup>3</sup>. Existing mental health services are often reluctant to engage with adolescents discharged from custody and frequently fail to diagnose and treat psychiatric disorders in this group. There is a need for specialized forensic mental health services to provide appropriate follow up care to mentally disordered adolescent offenders on release from custody<sup>4</sup>. Any such development in service provision would be usefully augmented by an initiative to increase training of mental health workers in the field and to facilitate and encourage Australian research in this area.

If the committee wishes to discuss these matters further we would be happy to present these issues in person.

Yours faithfully

Dr Teresa Flower B.A. (Hons) M.B. Ch.B FRANZCP  
Senior Lecturer in Child and Adolescent Forensic Psychiatry  
Department of Psychological Medicine  
Monash University

Consultant Child and Adolescent Psychiatrist  
Adolescent Forensic Health Service  
900 Park St  
Parkville  
Victoria 3052

Dr Robert Adler MB BS FRACP FRANZCP PhD  
Consultant Child and Adolescent Psychiatrist  
Adolescent Forensic Health Service  
Victoria

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<sup>2</sup> c.f the Gardiner Unit, Prestwich U.K

<sup>3</sup> Mortality in young offenders: retrospective cohort study. Coffey C, Veit F, Wolfe R, Cini E, Patton G. *bmj.com* 2003;326:1064

<sup>4</sup> The mental health status of adolescents released from custody: a preliminary study. Kosky RJ, Sawyer MG, Fotheringham M. *Australian and New Zealand Journal of Psychiatry* 1996; 30; 326-331.

Ph: 03 9389 4260