

Justice & Forensic Mental Health Network School-Link Initiative Newsletter

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'Education is the most powerful weapon which you can use to change the world.' ~ Nelson Mandela

Welcome to the inaugural quarterly edition of the Justice & Forensic Mental Health Network (J&FMHN) **School-Link Initiative** Newsletter. I am very pleased to be the new School-Link Coordinator for J&FMHN joining Kim Eisler our wonderful School-Link Project Officer.

The **School-Link Initiative** is a joint initiative between NSW Ministry of Health and NSW Department of Education and Communities which aims to improve the mental health of children and young people in NSW.

The J&FMHN **School-Link Initiative** differs from your Local Health District **School-Link Initiative** in that our focus is directed towards the mental health of young people in contact with or at risk of coming into contact with the criminal justice system.

Mental health issues are a leading cause for concern amongst young people in contact with the criminal justice system highlighting the need to focus our attention on this vulnerable population.

The vast majority of the young people we work with spend only a short period of time in custody and thus it is vital that they receive support from mainstream services in their community.

We are very excited to have this forum to raise awareness about the complex and demanding needs of young people in contact with the criminal justice system and to show how we can work together to improve health outcomes.

Over the past three months, I have met with people from the education, justice and

health sectors to gain a further understanding of the roles and responsibilities of your organisation and to seek your thoughts on ways in which we can work together. I have met many inspiring people and it is refreshing to see the enthusiasm that we all share in improving the health and wellbeing of children and young people.

I hope you enjoy this introductory edition of the J&FMHN **School-Link Initiative** newsletter and look forward to a year of growing partnerships and continued collaboration between education, justice, health organisations and NGO's.

Sharon van Oers
School-Link Coordinator, J&FMHN

Aims of the J&FMHN School-Link Initiative:

- ◆ To raise awareness and increase understanding of the mental health needs of young people in contact with or at risk of coming into contact with the criminal justice system;
- ◆ To raise awareness of the protective function which education and vocational endeavours can provide to assist the mental health and wellbeing of young people;
- ◆ To facilitate understanding of the circumstances that influence a young person's successful engagement with education;
- ◆ To support young people in contact with, or at risk of coming into contact with the criminal justice system through optimising access to and engagement with health and education services;
- ◆ To facilitate interagency partnerships to progress mutual interests and concerns for educational support for young people within the complex justice and forensic setting.

PLEASE DISTRIBUTE TO:

Secondary Schools:

Principal, Deputy Principal,
School Counsellor & copy
placed in staff room

Community Services:

CAMHS, NGO's & Aboriginal
Community Controlled Health
Services

Juvenile Justice (JJ):

JJO's, JJ Psychologists and the
Office of the Chief Executive

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Health
Justice & Forensic Mental Health
Network

Justice & Forensic Mental Health Network (J&FMHN)

J&FMHN provides health care to adults and young people in contact with or at risk of coming into contact with the criminal justice system, both in custody and in the community, and those within the NSW forensic mental health system.



For young people, this includes the following four key areas:

Pre-custody: including the Adolescent Court and Community Team which operates in two parts: a community consultation liaison service and a court diversion liaison service (operating in 11 children's courts);

Custody: for juvenile detainees (in nine Juvenile Justice Centres and one Juvenile Correctional Centre). The health care provided includes screening, triage, treatment and monitoring in areas such as primary health, population health, sexual health, mental health, drug and alcohol and Aboriginal health;

Inpatient: inpatient healthcare services provided by the Forensic Hospital (primarily responsible for mentally unwell people), which includes an adolescent ward; and

Post-release: including the Community Integration Team which assists in integrating people with drug and alcohol and/or mental health issues into community based services.

J&FMHN is committed to working with government organisations and non government organisations including Aboriginal community controlled health services to reduce the stigma of young people in contact with the criminal justice system, to improve their health and consequently reduce criminal recidivism.

Key Findings from the 2009 NSW Young People in Custody Health Survey (Justice Health and Juvenile Justice)

- *The majority of young people surveyed in the 2009 Young People in Custody Health Survey sample had been suspended from School at least once (88%)*
- *Two-thirds reported being suspended three or more times (66%)*
- *Close to half of the 2009 sample had been excluded (previously termed expelled) from school at least once(47%)*
- *One in seven (14%) surveyed obtained a Full Scale IQ (FSIQ) score in the extremely low range (below 70) indicating the possible prevalence of an intellectual disability. The majority (77%) scored in the low average range or below. In comparison it is estimated that between 1.5-3% of the Australian general population are people with intellectual disability suggesting a 5 to 9 times over-representation of intellectual disability in young people in custody in NSW.*





COMMUNITY SERVICES:

Spotlight on: J&FMHN Community Integration Team (CIT)

The J&FMHN Community Integration Team (CIT) coordinates the health services required for young people who have been identified in custody as having significant mental health and/or problematic drug and alcohol issues and are being released from custody.

The aim of the CIT is to coordinate integrated, ongoing, culturally responsive care for young people and to aid successful reintegration into the community. Care is coordinated prior to and during the critical post release period with links made to appropriate specialist and generalist community services.

The role of the CIT is to assist the young person's integration with community health services once released from custody to encourage positive health outcomes. The process includes assistance with the development of an individual community health care plan and engagement with appropriate community health services for a period of up to three months.

The CIT may assist the young person in achieving the following goals:

- Accessing community services;
- Increasing the young person's, and their families/carers, understanding of effective health management;
- Improving mental health outcomes;
- Improving drug and alcohol outcomes; and
- Reducing the number of occasions in custody as a result of his or her mental health and/or drug and alcohol related offending behaviour.

Where appropriate, the CIT assists Juvenile Justice (JJ) and other government and non government departments including Aboriginal Community Controlled Services with the implementation of the young person's health care plan, to achieve the young person's individual case plan health goals. Wherever possible CIT Clinicians are located within JJ offices to enhance the collaboration between the two departments.

The CIT Operates at Kempsey, Wollongong, Newcastle, Broken Hill, Grafton, Penrith, Fairfield, Gosford, Wagga Wagga, Dubbo and Sydney Metropolitan (Surry Hills).

FOR MORE INFORMATION PLEASE CONTACT:

Jeanette Toole

Community Integration Team Manager

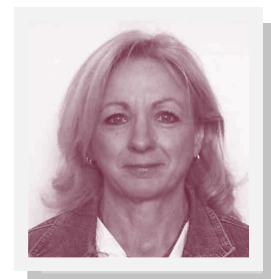
Adolescent Health, Justice & Forensic Mental Health Network

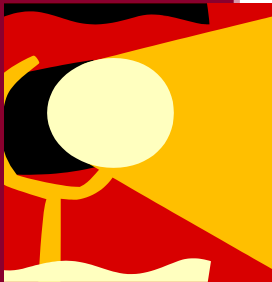
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COMMUNITY SERVICES:

Spotlight on: J&FMHN Adolescent Court & Community Team (ACCT)

J&FMHN Adolescent Court and Community Team (ACCT) is one way in which J&FMHN provides support to young people and enables diversion from custodial settings. The program targets young people between the ages of 10 –18 years of age with an existing or emerging mental illness.

Many young people presenting at court have multiple and complex needs affecting their health, social circumstances and educational engagement.

The ACCT is staffed by highly experienced clinicians from a range of disciplines who have extensive child and adolescent mental health knowledge.

The ACCT service operates in two parts:

- ⇒ Court Diversion Liaison Service
- ⇒ Community Consultation Liaison Service

The success of J&FMHN-ACCT Court Diversion & Liaison Services has prompted its expansion in the past year to 11 courts in NSW - A 40% increase in its capacity.

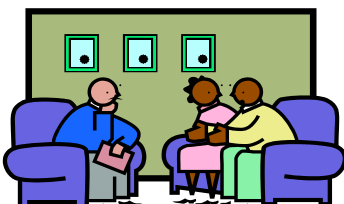
1. ACCT - Court Diversion Liaison Service

The ACCT conduct mental health assessments for young people attending the Children’s Court within NSW and provide the Court (including the Magistrate, the young person’s legal representative, and the Police prosecutor) with a brief mental health report which assists the Court to determine the young person’s eligibility for diversion from the criminal justice system into appropriate community treatment or alternative programs.

Where appropriate, the ACCT clinicians make referrals to relevant mental health and other appropriate support services. These may include specialist drug and alcohol programs, Child & Adolescent Mental Health Services (CAMHS), non-government organisations, Aboriginal Community Controlled Health Services, GP’s and Psychiatrists.

The ACCT are currently based at Bidura (Glebe), Broadmeadow, Campbelltown, Dubbo, Nowra, Parramatta, Port Kembla, Sutherland, Wagga Wagga, Wyong and Woy Woy Children’s Courts.

Referrals to the service should be made directly to the Court Clinician, or via the J&FMHN Adolescent Health office on 02 8372 3066 (Mon to Fri 08:30 to 16:00) and are accepted from all agencies at Court (as well as the young person, family members and carers) for young people being dealt with summarily and therefore eligible for diversion.



2. ACCT - Community Consultation Liaison Service

The ACCT Community Consultation-Liaison Service aims to enhance the ability of the Local Health District community mental health treating teams to manage and retain young people in treatment who potentially pose a risk to others.

This service focuses on young people who are residing in the community, who have a mental disorder or emerging mental disorder and because of their behaviour present a risk to themselves or others. They usually require comprehensive assessment, and management.

After conducting a thorough and extensive forensic mental health and risk assessment, the clinicians from the ACCT will identify the specific support needs of the young person and together with the treating team formulate a treatment plan to enhance the safe management of the young person in the community. These assessments are utilised by community based mental health teams and other agencies in their engagement with these young people.

Referrals are accepted for young people under 19 years of age with an established mental illness (or a pattern of behaviour that is suggestive of emerging mental illness) when their behaviour is seen to pose a significant risk to others or has brought them into contact with the criminal justice system. Referrals will usually come from LHD mental health services, such as Child and Adolescent Mental Health Services (CAMHS), Early Intervention / Early Psychosis Teams, and Child and Adolescent Inpatient services. Referrals can also be accepted from other agencies such as Juvenile Justice and Intensive Support Services (FACS), as long as the referred young person is in contact with an identified community mental health provider who has agreed to be involved in the young person's ongoing care and provide case management. Young people cannot be accepted where there is no treating mental health team as the ACCT does not have the capacity for case management at this time.



Do you have a young person going to court with suspected mental health and/or drug and alcohol issues?

Would you like support in transitioning a young person to your service and managing difficult behaviour?

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Why School Matters

by Kim Eisler, School-Link Project Officer

Research here in Australia, and internationally, consistently shows that successful engagement with and completion of educational or vocational pursuits is a vital protective factor for the health and well-being of young people (Geib et al 2011; Sprott et al 2005; Christle, C.A., Jolivet, K. & Nelson, C.M. (2005). Indeed, school performance (as rated by the child) at the age of 14 years is strongly associated with, and can be used as a predictor for, antisocial behaviour (McGee et al, 2011). There has been growing evidence indicating a causal link between dropping out of school and a weak academic record with delinquent behaviour. More broadly, participation in education is a key social determinant in the overall health and well-being of an individual. It is associated with socio-economic status, feelings of social connection as well as future criminal recidivism (Chung, Schubert and Mulvey, 2007).

At a time of enormous developmental change, school has the potential to provide a stable and secure environment in which an adolescent can explore their emerging self. The support and inclusiveness of this setting can significantly enhance a student's sense of hope and belonging. Providing purpose and direction, it can augment the individuals' willingness to set goals and engage in planning for their future (Wilson & Tully, 2009). A school will most likely have positive results if they include the fundamental qualities of supportive leadership, dedicated and collegial staff and a school-wide behaviour management approach. A teaching approach that is accommodating and encouraging creating better academic achievement is closely linked to pro-social behaviour. Behavioural issues frequently co-occur with educational difficulties. Exclusionary discipline policies, such as suspension, can interrupt learning and hinder academic progress, instigating a cycle of failure, anger and rejection (Clarke, A.M., O'Sullivan M. & Barry M.M. 2010).

In 2009 the J&FMHN in partnership with Juvenile Justice conducted a comprehensive health survey of 361 young people within their detention or correctional centres. Of those surveyed:

- ◆ Only 38% reported going to school in the six months prior to their detention. This compares with 70% of adolescents aged 15-19 in the general population;
- ◆ The average age of leaving school was 14.4 years with almost two-thirds leaving by Year 9, while none of the young women had progressed past Year 10;
- ◆ There were high rates of suspension from school and almost half reported that they had been excluded from school at least once. Boys were significantly more likely to report school exclusion; and
- ◆ The survey also found very high rates of attendance at Schools for Special Purposes.

The School-Link Initiative is one way the NSW Government is seeking to improve the mental health of children and young people. It is a collaborative initiative between the NSW Ministry of Health and NSW Department of Education and Communities that recognises the importance of educational/vocational pursuits for young people.

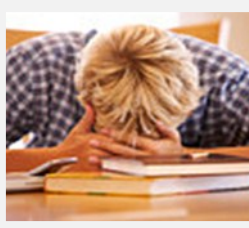
"...Schools are the frontline of prevention and intervention in many youth concerns"
(Sander, J.B., 2010 p 4).

The effective implementation of mental health programs in schools can result in improved emotional and social well-being, including significant improvement in academic performance. Furthermore evidence suggests that the most effective programs are universal taking a whole of school approach (Clarke, A.M., O'Sullivan M. & Barry M.M. 2010).

Early School Leavers are More Likely to Experience:

- ⇒ Poorer mental and physical health;
- ⇒ Higher unemployment rates;
- ⇒ Lower incomes and lifetime accumulated wealth;
- ⇒ Higher rates of crime; and
- ⇒ LESS engagement in "active citizenship".

Lamb S and Rice S, (2008) 'Effective intervention strategies for students at risk of early leaving: Discussion paper', Centre for Post-compulsory Education and Lifelong Learning: The University of Melbourne



"...academic failure, exclusionary discipline practices, and dropout rates have been identified as key elements in a "school to prison pipeline", especially for minority students and those with disabilities"
(Sander, J.B., 2010 p3)



School-Link DVD Training Program

The School-Link DVD Training Program is a self-paced learning resource designed for School and TAFE counsellors; adolescent mental health; youth mental health; and related health workers; drug and alcohol workers, Juvenile Justice psychologists and counsellors; community services psychologists; and clinicians working in non-government organisations.

The aim of the School-Link DVD Training Program is to provide a resource to enhance skills in the recognition, intervention, planning, treatment, support and prevention of mental health problems in children and young people by improving clinician's knowledge and skills and enhancing interagency collaboration.

For J&FMHN this means ensuring the training needs of J&FMHN, Juvenile Justice and Department of Education and Communities staff working with young people with mental health issues or disorders, in custody and in the community, are met. It is recognised that whilst there may be staff that choose to access the modules for independent learning, an alternative model that facilitates networking between staff in partner agencies and services would be preferable to some staff and also enable opportunity to build informal networking relationships and develop inter-service awareness at a local area level.

J&FMHN will be running workshops over the coming months to initially introduce participants to the J&FMHN population and their often complex needs. These workshops will also introduce the School-Link Initiative DVD Training Program and will incorporate various modules from the program.



The ten modules included in the **DVD Training Program** are as follows:

Training Module 1: Assessment and formulation of mental disorders in young people

Training Module 2: Depression in adolescents

Training Module 3: Anxiety in children and young people

Training Module 4: Self-harm in adolescents

Training Module 5: Coexisting mental disorder and substance use problems in young people

Training Module 6: Mental health and wellbeing in Aboriginal young people: Strength in culture

Training Module 7: Mental health and wellbeing in same sex attracted young people

Training Module 8: Mental health and wellbeing in CALD young people

Training Module 9: Introduction to Cognitive Behaviour Therapy (CBT) and exposure based CBT

Training Module 10: Introduction to Interpersonal Psychotherapy for adolescents (IPT-A)

If you are interested in learning more about this training program and workshops which will be held by J&FMHN over the coming months please contact schoollink@justicehealth.nsw.gov.au to register your interest.

Alternatively you may wish to contact the School-Link Coordinator in your Local Health District to find out more about workshop opportunities in your area. For details of your current Local Health District School-Link Coordinator please contact schoollink@justicehealth.nsw.gov.au and we will provide you with the relevant details.

The Justice & Forensic Mental Health Network School-Link Initiative

Bringing together the diverse core business of key partner agencies and supporting young offenders get back on track through education



In future issues of the J&FMHN Newsletter we hope to promote further understanding and bring you some insights from 'the other side of the fence'.

SUBSCRIBE /UNSUBSCRIBE

If you have any comments on this issue along with any suggestions/contributions for future editions or if you would you like to be added to our mailing list please contact us at schoollink@justicehealth.nsw.gov.au

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