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**The Royal Commission into the Protection
and Detention of Children in the Northern
Territory**

The Royal Australasian College of Physicians:
Northern Territory Committee Submission
December 2016

Submission to the Royal Commission into the Protection and Detention of Children in the Northern Territory

Following the October 2016 submission made by the Royal Australasian College of Physicians (RACP) to the Royal Commission into the Protection and Detention of Children in the Northern Territory, paediatricians working with children and adolescents in Darwin and the Northern Territory, represented by the Northern Territory Committee of the RACP, would like to make an additional submission to the Royal Commission with more specific information on healthcare in the Northern Territory justice system, with respect to the following Section of the Terms of Reference:

- Section (i) the access, during the relevant period, by children and young persons detained at the relevant facilities, to appropriate medical care, including psychiatric care.

Once again, we would like to begin by stating that we deplore in the strongest possible terms the abuses perpetrated against children and young people in detention, and repeat our call for anybody who has been victims of any abuse whilst in the justice system to receive immediate and ongoing support and treatment to deal with any physical and mental health issues this might have caused or exacerbated. This includes children and young people who witnessed abuse of others. We reiterate previous calls for independent oversight of facilities and the ratification of Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) to ensure the protection of young detainees from physical and psychological harm and provide an enquiry mechanism to examine accusations of acts which contradict Australia's obligations under OPCAT.

We also reiterate our serious concern regarding the extreme over-representation in detention of Aboriginal and Torres Strait Islander young people relative to non-Indigenous young people, and our call for Indigenous young people in detention to have access to culturally appropriate care which recognises their specific needs and supports their cultural identity.

In this submission, we will provide an overview of adolescent health in the Northern Territory and in the justice system, and a description of the existing health services to children in the Northern Territory justice system, based on information gathered from government and non-government services. By examining a young person's journey through the justice system, areas where health service providers can have a role will be identified. It is vital that young people in the justice system have accessible, equitable, and appropriate health services.

We recommend that incarcerated young people have comprehensive medical, developmental, and psychosocial health assessments, including educational assessments, to enable appropriate supports to be put in place for their period of incarceration, as well as continuing into the post-release period.

It should be noted that this submission does not address the child protection system in the Northern Territory, and has focussed on the health needs of children once they are in the justice system. We support the Royal Commission's review of the child protection system, we acknowledge that significant improvements in this system can be made, and are aware of the challenges of working in this area with very vulnerable children.

Current State of Adolescent Health in the Northern Territory and in the justice system

Youth in the Northern Territory (NT) have the worst health and education outcomes in Australia. As outlined in the recently released 2016 Commonwealth Government Youth Development Index¹, the NT was ranked the lowest overall, with by far the lowest numeracy and literacy rates with little to no improvement over the past decade; high adolescent fertility rates (97 births per 1000 women aged under 20 years); the highest rates of chlamydial infection in Australia; and over half of the youth population reporting illicit drug use over the past twelve months. The Index does not include significant health problems specific to the NT Indigenous youth population including rheumatic heart disease where 30% of those affected are under 25 years old.²

There is almost no published data on the health indices of prisoners in the Northern Territory. A 2012 study, instigated by the Acting Superintendent of Darwin Prison at the time, demonstrated alarming rates of hearing loss (97% of participants had significant hearing loss) in adult prisoners.³ There is no information on the health of incarcerated youth⁴ in the NT. Youth justice health data collected in other states outlines significant health issues affecting children and adolescents in prison. In 2003, the NSW Department of Juvenile Justice conducted the first Young People in Custody Survey over a six year period with 242 participants.⁵ It involved an initial baseline survey including a health questionnaire, physical health and dental examination, and psychological assessment. This was followed up with surveys at 3, 6 and 12 months. It confirmed that young people in custody experience multiple health problems, including mental illness and drug and alcohol abuse. The poorer health and risk taking behaviours lead to an increased likelihood of developing chronic disease. The key health findings⁶ are as follows:

- **Poorer health status and increased risk factors for Aboriginal and Torres Strait Islander youth in custody** overall in comparison to non-Indigenous youth in custody with few exceptions; figures cited below are the whole of youth in custody averages.
- **Increased social history risk factors** - a significant proportion of young people in custody have parents with a history of incarceration, drug and alcohol dependence and low socio-economic status; high proportion (27%) had been removed from their families and placed in care
- **Significant physical health problems** including being overweight or obese (42%); poor nutritional intake; mild to moderate hearing loss in one or both ears (18%); asthma (23%); history of head injury with loss of consciousness (32%)
- **Increased sexual health risk** including early initiation to sexual activity (13.4 years); one third of young women had been pregnant; low use of condoms with casual partners (39%)
- **Inadequate oral health** - over half reported that their last dental check had been in custody; moderate to abundant plaque build-up (49%)
- **Increased smoking rates** - nearly all had ever smoked and just under half (46%) indicated they currently smoked or would smoke when they were released, as smoking is prohibited in the detention centres
- **Increased alcohol use** - the majority reported ever being drunk (93%); two thirds reported being drunk at least weekly in the year prior to custody; high risky drinking behaviours rate (78%)
- **Increased illicit drug use** - most (89%) reported use of illicit drugs; most common drug used was cannabis (87%), followed by ecstasy (41%) and amphetamines (29%); approximately two-thirds (65%) used illicit drugs at least weekly in the year prior to custody; two-thirds (65%)

reported ever committing crime to obtain drugs or alcohol and a similar proportion (69%) were intoxicated at the time of their offence; 7% reported ever injecting drugs

- **Increased Mental Health Disorders** - majority (87%) were found to have at least one psychosocial disorder and nearly three quarters were found to have at least two; most common were any attentional or behavioural disorder (68%), any substance or alcohol abuse disorder (63%), any anxiety disorder (31%), any mood disorder (23%) and any schizophrenia or psychotic disorder (6%).
- **Increased rates of Intellectual Impairment** - one in five (20%) Aboriginal and Torres Strait Islander young people were assessed as having a possible intellectual disability (IQ score < 70); an additional one third (32%) scored in the borderline range for intellectual ability (IQ 70-79)
- **Significant History of Trauma** - over half (60%) had a history of child abuse or trauma; high proportion of women had been physically (61%) or sexually abused (39%); 27% presented with a high level of psychological distress.

There is an absence of health information available on NT youth in detention, but given the significant health problems identified in broader youth justice literature, the poor health outcomes of NT youth and the overrepresentation of Indigenous youth in detention⁷, it is highly possible that NT youth in the justice system face worse physical and mental health issues than their interstate counterparts. The cost of failure to address these health issues is likely to be significant, both economically and socially, as this may perpetuate a pathway of unmet health and psychological needs, which can contribute to chronic disease in later years and the next generation.

The Health Journey through the NT Youth Justice System

Diagram 1 (below) was created after informal consultations between members of the paediatric department at the Royal Darwin Hospital (led by Dr Catherine Boyd, paediatrician) and members of other agencies, including the North Australian Aboriginal Justice Agency, and Department of Primary Care. This has not been validated by all involved agencies, and is intended as a pictorial guide only, to help in the understanding of a young person's journey through the justice system, and possible points at which health care may have a role. As far as we are aware there is no publicly available information on the health journey of incarcerated youth, and we would recommend that this be rectified.

At the time the Royal Commission was announced, to the best of our knowledge, the only comprehensive health assessment performed by clinical staff was the Day 5 Detention Nursing Assessment. Young people who leave the facility before day 5 only receive a basic Day 1 Health Screen. Other basic health screens do occur such as a police performed questionnaire conducted at arrest, with an escalation pathway to a nurse if required.

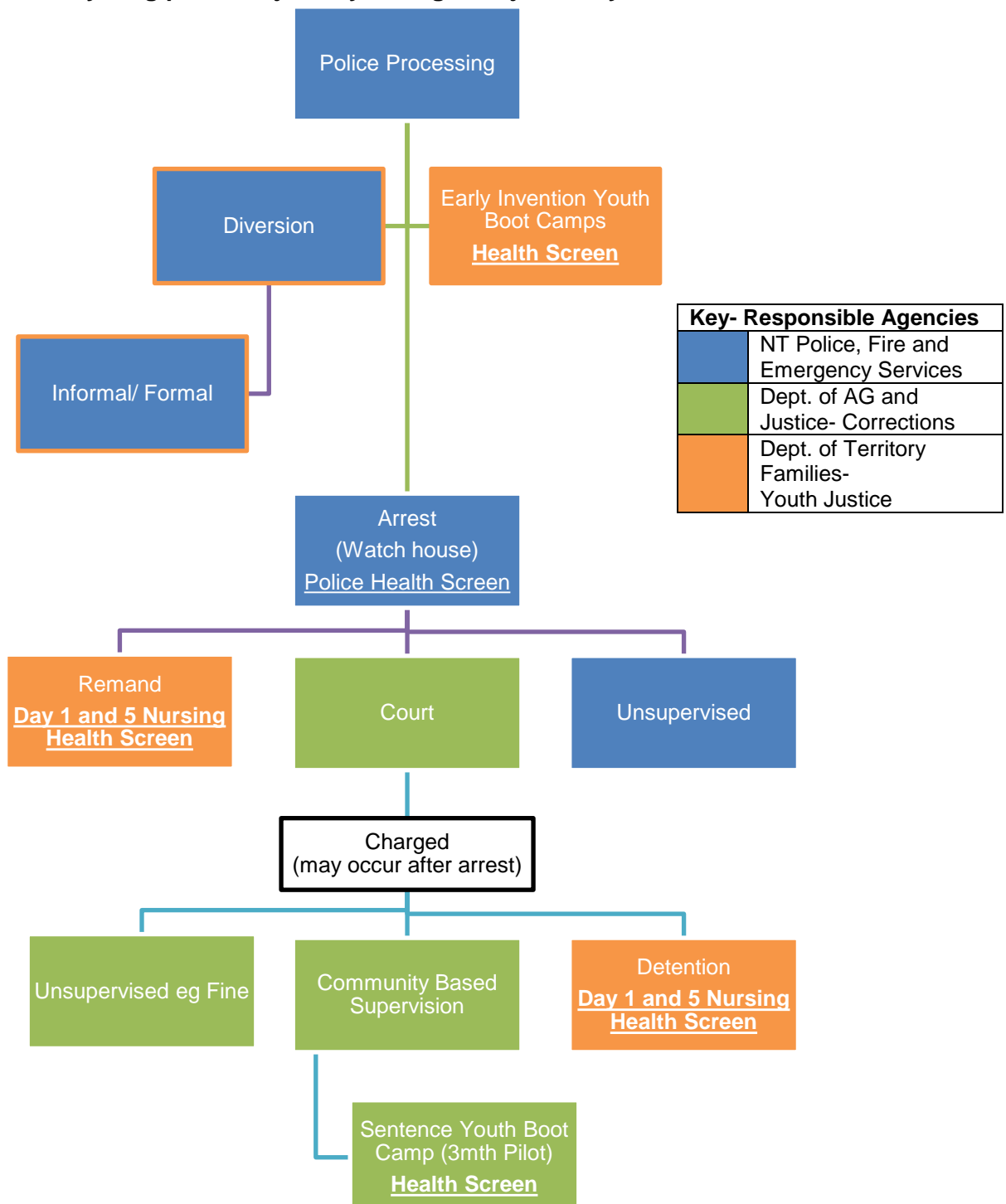
The Royal Commission should consider whether it is appropriate for non-health professionals to conduct such health screens. No known assessment is provided that includes detailed physical, psychosocial, developmental and behavioural components.

In terms of specialist medical interventions, to the best of our knowledge there are currently no psychiatric or paediatric services offered in-house in youth detention facilities. Several young people are seen by paediatricians and other specialist providers through Royal Darwin Hospital paediatric

or specialist outpatients, though there is currently no system to ensure that comprehensive health, developmental and psychosocial assessments are offered to all incarcerated adolescents.

We understand that there is no forensic child and adolescent psychiatry service in the NT to provide assessment and support to the young person. Currently, the responsibility falls on the primary health care service (with or without collaboration with the consulting paediatric service), to manage complex, acute and chronic mental health and behavioural problems. When a psychiatric assessment is required (usually for legal purposes rather than for acute medical or psychiatric advice), this occurs via video-link with interstate forensic child and adolescent psychiatrists.

Diagram 1: A young person’s journey through the justice system



The current model of health care for NT youth in the justice system appears inconsistent with recommendations by many peak health bodies such as the World Health Organization.⁸ The RACP recommends that all incarcerated youth undergo a comprehensive medical history and examination promptly during and after incarceration.⁹ This includes screening for the presence of developmental or intellectual disability (including foetal alcohol spectrum disorder) and involvement of an integrated mental health and drug and alcohol service.¹⁰

Discussions with interstate experts have provided an understanding of how youth justice health systems operate elsewhere. In Victoria, we understand that the youth justice service is led by general practitioners with expertise in adolescent health, mental health and substance use. The Western Australian Model includes general practitioners, paediatricians and psychiatrists. In NSW, the service is led by both a child and adolescent psychiatrist and an adolescent physician, though clinical assessments are made by experienced adolescent trained nursing staff who then refer on to Forensic Child and Adolescent psychiatrists and drug and alcohol specialists where appropriate. Regardless of professional composition, all centres operate with professionals who have experience and an understanding of adolescent health needs, and have referral systems in place for assessment and management of substance abuse, and appropriate assessment of mental health disorders.

For children in detention, there is a window of opportunity for health care practitioners to determine the physical, mental and psychosocial health needs of the individual, and to implement evidence based therapies for that individual which can continue into the post-release period.

The provision of quality health care in the juvenile justice system should provide benefits including:

- Regular risk identification through assessment whilst in custody will assist with the prevention of trauma and further harm, including self-harm¹¹.
- Better management of acute medical conditions - (e.g. trauma, drug withdrawal) and prevention of long term complications and further costs.
- Long term health benefits of care for young people in detention – such as better management of health issues, catch up on immunisation, and preventative health measures such as smoking cessation support.
- Studies of adult prisoners suggest long term benefits to family and community as a result of care received and care planning including
 - Better mental health outcomes may reduce adverse impacts on the community after release from custody¹².
 - Management of drug and alcohol issues while in custody and linkages to services after release may reduce recidivism¹³.
 - Better treatment of infectious conditions, such as sexually transmissible infections and blood borne viruses, reducing the spread to community members after release¹⁴.

Recommendations

- 1. Development and implementation of an appropriate model of care for incarcerated adolescents**
 - a. Establishment of a working group of professionals with an interest and expertise in adolescent health to propose the most appropriate model of care for incarcerated adolescents, and all adolescents in the justice system. We acknowledge that currently in the Northern Territory, there is an absence of specific expertise, which may assist in the assessment and treatment planning for incarcerated adolescents. For example, to the best of our knowledge, there are no neuropsychologists, nor forensic child and adolescent psychiatrists in the Northern Territory.
 - b. Develop and fully implement a properly funded plan to enable the Department of Health to deliver an appropriate model of care and to address any shortcomings in expertise.

- 2. All detained children should have comprehensive, physical and psychosocial health assessments and treatment.**
 - a. To achieve this, we recommend the development of an adolescent specific service, led by specialists in the field, though largely staffed by adolescent health nurses with adolescent mental health workers, and Aboriginal and Torres Strait Islander health practitioners/workers who can perform initial health assessments, and can compile a health summary based on any previous assessments which have been performed (e.g. psychological assessments, medical or psychiatric reports).
 - b. Parents/carers/guardians/family members should be involved in the assessment process where appropriate, as this would assist with the provision of a full medical history including immunisation history. The input and ongoing involvement of parents/carers/guardians/family members assists in providing the same quality of health care as those not in custody would receive. The lack of opportunity for such involvement does not uphold of the right of all people in custody to have the same quality of health care as those not in custody.
 - c. Detained children must be referred to a forensic child and adolescent psychiatrist, a specialist paediatrician or adolescent physician, and / or a drug and alcohol worker as necessary, depending on that initial assessment. These secondary services must be readily available to the adolescent (i.e. in-person initial assessments are preferable over video-link), appropriate and evidence based.
 - d. Detained children must have access to appropriate allied health services such as audiologists (to assess hearing), dentistry, speech therapists (to assist in the assessment and treatment of speech and language disorders), and psychologists (to assist in the diagnosis of specific conditions such as intellectual impairment, learning disorders, foetal alcohol spectrum disorder, attention deficit disorder, and autism spectrum disorder).
 - e. These assessments will enable planning of appropriate therapy - but should not delay the commencement of therapy where the individual already has therapy needs identified (e.g. before the period of incarceration). This includes psychological therapy for mental health problems and post-traumatic stress disorder, and drug and alcohol counselling.
 - f. A comprehensive treatment plan should be mandated and developed for the period during and after incarceration, with clear lines of communication with the child's parent or guardian or child protection case worker, primary health care providers, education

providers, and legal advocates. There should be a focus on support for young offenders and their families to support the reintegration of the young person back into family and community after release, with the aim of having family continuing to support the young person's physical and mental health upon release. Post-release support should focus on the ongoing treatment of chronic health conditions and access to social and emotional wellbeing support and youth programs.

3. **Provide incarcerated Indigenous adolescents with culturally appropriate health services, including the choice of those provided by the Aboriginal Community Controlled Health Organisations (ACCHOs) and Aboriginal Medical Services (AMSs).**
4. **Establish and conduct a rigorous NT youth justice health survey**
 - a. A health survey will provide essential baseline data to establish evidence based health priorities, and guide future health policy, and future surveys will allow appraisal of any implemented changes to the service.
5. **Support young people through the justice system, from the initial court appearance to post release planning and support:**
 - a. Measures should be taken to facilitate information sharing between providers, within the boundaries of confidentiality and existing memorandums of understanding.
 - b. A case manager could act as an advocate for the young person, liaise with identified community supports (NGO's, health services, and education providers) and prepare for transition from detention to the community.
6. **Ensure that youth in the NT on community based orders and those outside of the justice system (particularly in remote areas) have equitable access to high quality, culturally appropriate health services.**

In conclusion, we call for juvenile justice centres to be environments which uphold the physical and mental wellbeing of incarcerated youth, specifically in acknowledgment of adolescence as a period of significant development. We also submit that for children on remand, the experience of juvenile justice centres should, as much as possible, not be punitive. There should be a focus on reducing reoffending and recidivism into the juvenile justice system through dealing with the social determinants of health via a "whole of Government" approach.

Investing in the health of vulnerable children and adolescents will impart considerable benefits to their ongoing and future wellbeing, and to the health of future generations. We support the availability of health services to high risk young people and availability of child and adolescent psychiatry in regional and remote areas of the Northern Territory. To the best of our knowledge, there are currently no government funded, outreach child and adolescent psychiatry services to remote Aboriginal communities in the Northern Territory.

The RACP Northern Territory Committee thanks the Royal Commissioners for considering this submission, and would be pleased to provide any further information that may assist.

This submission is supported by the RACP as a national body.

Appendix A – An example of a health assessment conducted in youth detention facilities

This assessment is based on current practices at Melbourne Youth Justice Centre, Parkville Victoria. This example could be used as a guide in to assist with the development of a health assessment appropriate for the Northern Territory.

1. Acute risk assessment

Within 24 hours of coming into custody for all young people, and within 12 hours for Aboriginal and Torres Strait Islander young people.

The acute risk assessment aims to identify risks or medical conditions that need prompt care. These assessments should be conducted by nursing staff using clear proforma guidelines on when to refer/arrange referral with a general practitioner.

- immediate risk of self-harm (validated assessment tool)
- current / acute medical illness requiring treatment (e.g. asthma)
- existing medical condition requiring ongoing medication (e.g. diabetes / epilepsy)
- trauma or injury requiring immediate care (e.g. possible head injury) / pain relief
- trauma or injury needing prompt forensic consultation (e.g. sexual assault)
- the need for emergency contraception
- acute dental condition or injury requiring immediate care / pain relief
- risk of allergy / anaphylaxis (e.g. peanut allergy / need for epipen)
- drug or alcohol intoxication
- significant recent drug / alcohol use with possible risk of withdrawal
- infectious condition (that may pose risk to other e.g. scabies, influenza)
- history of mental illness diagnosed / suspected needing management

2. Comprehensive health assessment (to take place around day three, once the client has settled)

- **General Health**

- **Past Medical History**

- Skin problem
- Ear problem
- Vision / hearing / teeth / musculoskeletal
- Nutrition
- Learning difficulty
- Intellectual disability

- **Drug and alcohol**

- Significant drug use
- Risky drug use
- Injection / tattoo (risk of blood-borne virus)
- Candidate for Opioid Risk Tool
- Offending linked to drug use
- Community supports

- **Sexual reproductive health**
 - Universal screening offered
 - Sexually Transmitted Infection / genital condition needing assessment
 - Contraception
 - Sexual behaviour that puts young person at risk
 - Sexual identity

- **Mental Health**
 - Previous / current diagnosis
 - Re-assess risk for self-harm
 - Adjustment to custody
 - Issues raised by / observations of staff
 - Intellectual disability

¹ Commonwealth Youth Program. (2016). *Australian Youth Developmental Index*. Canberra: Commonwealth Youth Program

² Northern Territory Rheumatic Heart Disease Program. (2016). *NT Rheumatic Heart Disease Program Statistics*. Darwin: Northern Territory Department of Health.

³ Vanderpoll, T. and Howard, D. (2012) *Massive prevalence of hearing loss amongst Aboriginal inmates in the Northern Territory*. Indigenous Law Bulletin, 3-7.

⁴ There is a current submission pending for an audit by the RDH Paediatric Department and the NT CDC pending that aims to assess a limited data set on Youth Justice Reception Screen. This data will be made available via the NT CDC Bulletin upon completion.

⁵ Indig, D.V. (2011) *2009 NSW Young People in Custody: Full Report*. Sydney: Justice Health and Juvenile Justice

⁶ Ibid

⁷ Australian Institute of Health and Welfare (2014) *Youth Detention Population in Australia 2014*. Juvenile Justice series no.16. Cat No. JUV 53. Canberra: AIHW

⁸ World Health Organisations (2003) *Consensus Statement on Promoting the Health of Young People in Custody*. Geneva: Regional Office for Europe

⁹ The Royal Australasian College of Physicians (2011) *The Health and Well-being of Incarcerated Adolescents*. Sydney:RACP

¹⁰ Ibid 6

¹¹ Australian Institute of Criminology (1999) *Strategies for Managing Suicide and Self-harm in Prisons ACT*

¹² Ombudsman Victoria (2011) *Investigation into prisoner access to health care VIC*

¹³ Australian Medical Association (2012) *Health and Criminal Justice system position statement*

¹⁴ Ombudsman Victoria (2011) *Investigation into prisoner access to health care VIC*