Follow-up Submission to the Queensland Youth Justice Enquiry

ADHD X

This submission is made by a group currently developing a new model for the assessment, diagnosis, and treatment of ADHD and co-occurring conditions, based on a multidisciplinary team-based care approach (ADHD collaborative care model). The group is planning to launch the ADHD collaborative care model this year.

Key members of the group are:

- Scott Beachley, Lawyer and governance advisor to the health, tech and not for profit sectors. Scott is on the National and International Boards of Smart Recovery, a support organisation for those with Substance Misuse and Addictive Behaviour, former chair of a youth mental health charity, founder and former CEO of a digital mental health social enterprise.

- Chris Brideson, Business Consultant. Chris has over 30 years' experience in consulting on strategy, governance and risk, primarily in the Financial Services industry. He has lived experience of ADHD.

- Dr David Chapman Adult Psychiatrist in Private Psychiatry after 20 years in the Northern Territory Public Mental Health Services. Special interests in Adult ADHD, Women's Mental Health, and the intersection of the two; and involved in research projects in both areas

- Professor Tatjana Ewais, Consultant Child & Adolescent Psychiatrist at Griffith University and Mater Young Adult Health Centre, whose current research interests include novel therapies for youth with chronic illness, ADHD, depression, anxiety and fatigue, health and justice partnerships and development of integrated care pathways and mental health guidelines. Tatjana is the current chair of the RANZCP Queensland Faculty of Child and Adolescent Psychiatry, an inaugural member of the RANZCP ADHD Network and one of the authors of the Australian first ADHD guidelines.

- Brooke Fogarty, ADHD coach, accredited through ADDCA, a member of ADHD Coaches Australasia, ICF and AADPA. Brooke is a single parent of two primary school aged children who have ADHD. Over the last 25 years she has built a strong foundation in the corporate world starting in advertising in Sydney, and then incentive marketing. She established a successful brand development and digital marketing studio where she honed her business and workplace culture skills. In her spare time, she pursued a B. Psych. Science and completed comprehensive training with ADDCA, enhancing her understanding of ADHD and its management. Brooke has lived experience of ADHD.

- Dr Peter Heffernan, Consultant Psychiatrist & Psychoanalytic Psychotherapist MBBS MPM FRANZCP, Founder and previous Chair RANZCP ADHD Network Committee.

- Corey Lane, Clinical Psychologist and an Adjunct Lecturer in Criminology and Criminal Justice Studies at James Cook University, Australia.

- Dr Geoff Kewley, Neurodevelopmental Paediatrician. Geoff has written 3 books on ADHD and worked in the UK for 23 years, developing and running a nationally recognised ADHD service where he was at the forefront of increasing ADHD awareness and services. He chaired the ADHD special interest group [The George Still Forum] within the Royal College of Paediatrics and Child Health for

many years. He now runs a practice for children and youth with ADHD and related conditions in Sydney.

1. A 10-year strategy for youth justice in Queensland that engages all government agencies and community organizations which deliver services along the youth justice service continuum.

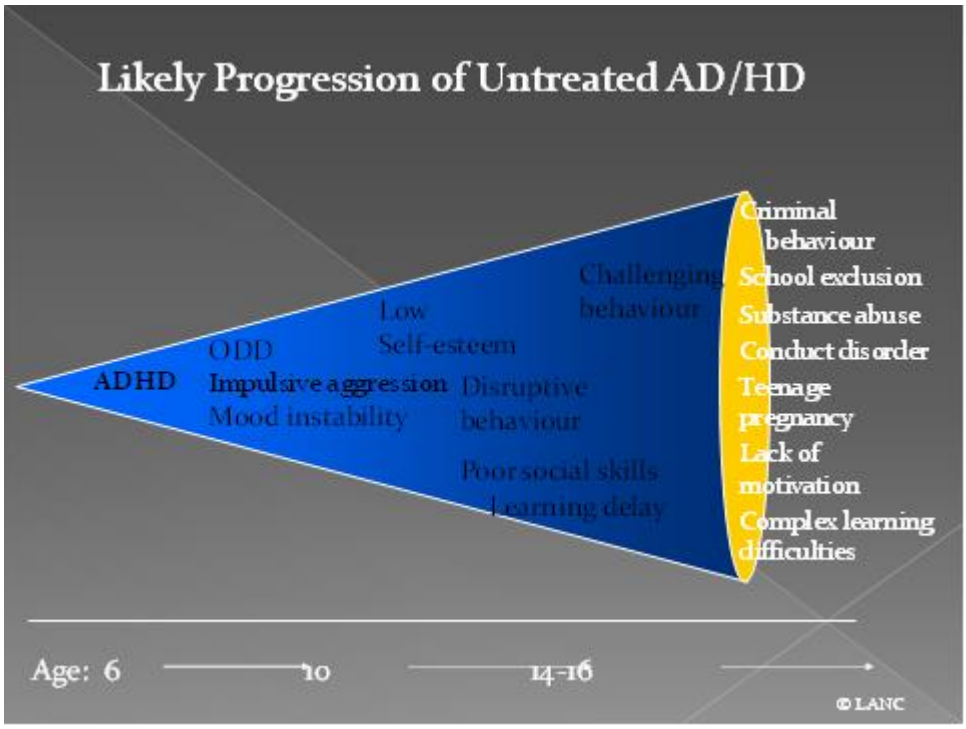
We consider that the development of a 10-year strategy involves three stages:

1. Initial trials of screening programs at all stages of entry to the youth justice system, for mental health and neurodevelopmental conditions, particularly ADHD and related problems.
2. The development of these trials into a practical program of screening and effective management of youth justice entrants. This will involve the retraining of all youth justice professionals, and the further development of assessment, management, and treatment programs. 0ur training and management (support) of ADHD is an expert team – psychiatrists, psychologists, coaches, etc. We both educate and guide front line staff and individuals with ADHD through the 10 year plan - with clinical/symptomatic information and ongoing practical strategies.
3. The embedding of screening and effective management of such youth throughout the system.

Introduction:

- Traditionally, as has been indicated in numerous government reports, Criminology articles, Psychology articles, and societal and political perspectives, the causes of youth crime have been considered to be social, environmental, cultural, and because of trauma. The basis of these attitudes appears historic and particularly to come from The General Theory of Crime by Gottfredson.
  Key long-term research studies on the causes of youth crime clearly show that whilst social and environmental causes are important, a lack of self-control is also an extremely important predisposing factor, that pervades most criminology literature and studies over the last century. [Moffitt et al; Farrington]
- Several criminologists (ie Pratt) have pointed out that if the nature of self-control has a significant biological basis, this puts a very different perspective on the way youth crime is considered.
- *'Criminology research has consistently linked low self-control to high levels of delinquency and crime. The causes of low self-control are not just be psychosocial, they also have genetic/biological underpinnings. There has been a general failure to consider AD/HD as a potential cause of low self-control. Current criminology theories may therefore be incomplete, if not substantially incorrect'* (Pratt 2002)
- He notes that traditionally low self-control has been considered to be caused by societal, environmental, and particularly by parental difficulties. However, if, as is the case with ADHD, the person is impulsive and thus lacks self-control because of brain dysfunction, this puts a different perspective on the way these issues are considered and opens the possibility of effective management, reduction of offending, and improvement and help to the individual, and to society.
- ADHD is an internationally recognized condition of brain dysfunction. It affects approximately 5% of the child and also the adult population. In previous years there were voluminous myths and misinformation, such that may be very difficult for administrators and society in

general to acknowledge its place in the overall continuum of mental health and neurodevelopmental difficulties. However, this is not the case. It is not as though ADHD has suddenly developed, the cases were always there, however, they were viewed differently, and largely put down to poor parenting or environmental difficulties.



- Research over the last 20 years has clearly shown that between 40 to 50% of youth in the youth justice system meet the criteria for ADHD. In large part, this information has yet to be translated into policy and deciding on mechanisms for screening and effective management of youth in the justice system. We consider that the development of a 10-year plan in Queensland presents an innovative and ideal opportunity for this to be done. It is thus difficult to give precise figures on numbers and likely costs, however, we give an estimate below.
- ADHD is therefore a condition primarily of lack of self-control or excessive degrees of impulsiveness, with often associated hyperactivity and inattentiveness. It has been shown to affect all cultures and races, and thus likely equally affects the indigenous population in Australia.
- Screening would likely give future social and economic savings achieved by identifying those at risk of adult criminality and suicidality because they have been screened in childhood or adolescence. Another benefit is reduction in development of substance use disorders if treated early and hence the future reduction in demand for ED presentations and AOD services

Stage 1 of a 10-year plan

- The development of trials of screening as per our earlier submission for the Queensland Youth Justice Grant. We consider that also be appropriate to develop screening for youth with long school suspensions and exclusions. In Queensland, in 2019 there were 3,132 long

suspensions, 1,674 exclusions, and 971 cancellations of enrolment. Likely, a high percentage of such suspensions and exclusions will later on have involvement with the youth justice system.

- As per the attached proposal we would also pilot a screening program for those within the youth justice system and if successful aim to develop this throughout the State.
- It is also essential that during this period intensive training of all professionals involved be undertaken. This will involve particularly educating staff about the nature of ADHD and the changed aspects of self-control and how this relates to youth in their custody and care. It will also involve the most appropriate training and rehabilitation issues that will likely involve both medication and change attitudes and strategies.
- During this period, it will also be essential to work on societal and public attitudes to youth justice, to design alternative means of restorative justice, and to make sure that the needs of the victim are appropriately addressed.
- On the most recent data from the Department of Children, Youth Justice and Multicultural affairs, in 2019 to 20, there were 30,500 total proven offences, committed by 3395 young people. 72% of these were male, 48% were Aboriginal and Torres Strait Islanders, and 10% of young offenders committed 47% crimes. On an average day during that year, there were 208 people in custody of whom 70% were A T S I, and 78 of this group were on remand. There were 2994 supervised orders during that year, and 2696 community-based orders.
- The Queensland government is providing $446.4 million in whole of government funding over five years to support community safety, tackle the complex causes of youth crime, and help boost police resources. This includes extra funding of $189.5 million over five years to the Department of Youth Justice. The overall budget for 2023-24 for the Department of Youth Justice is a record $396.5 million. The Package includes funding for Youth Co-responder Teams, Intensive Case Management, Specialist Youth Crime Rapid Response Squad, and On-Country programs. From 2015 to 2023-24, the government has invested $1.4 billion in whole-of-government funding for youth justice Initiatives.
- We consider it likely that effective screening and management of youth with ADHD and related conditions before entry to the youth justice system and throughout it, would likely at least be cost-neutral and possibly enable a reduced budget. We estimate that the cost of screening and initial assessment of the youth for ADHD and related conditions is $2000-3000, which is approximately the cost of one day's internment. We acknowledge there will be additional costs for training of staff, however, we consider that there would likely not be much need to increase overall staffing, but to retrain them much more along the lines of ADHD coaches with additional expertise in the management of Substance misuse.

Stage 2

- Development of joined-up approaches between health, education, substance misuse services, and youth justice. There is a need for such a collaborative approach to be developed so that early screening can be incorporated into schools, health can manage effective assessments and the medical aspects of these youth, that the high numbers of those with substance misuse can be effectively managed, and that the ethos and understanding of ADHD and related conditions pervades not only the youth justice areas but also the other key portfolios.

- The further development of training programs for all staff involved in the management of youth under supervised and community-based orders. In addition, training should be provided for the police, those in the court system, lawyers, and policymakers. In this stage, such training must be endemic throughout the system, and appropriate policies must be put in place.
- The embedding within the system of the ability to screen any youth entering the system within six weeks to have them fully assessed and appropriate management commenced.
- Review of policies and procedures such that youth with ADHD have their condition understood within the court system, when they might be incarcerated, and when in the community. Effective management should not only involve the use of medication where appropriate, but also putting in place other psychological, and community-based strategies, efforts towards reemployment and re-education [given the high percentage of youth who have associated learning difficulties] , housing, and other social strategies.
- Recognition of the strong genetic and familial bases of ADHD (30% of youth justice offenders in 2019 in Queensland had one parent who has spent time in adult custody). Understanding that ADHD is a highly genetic condition and that this may have been underpinning the transgenerational lights of crime, rather than just being the result of trauma.
- Because of the high number of ATSI people represented in the youth justice system we consider there is a particular need to carefully analyze the factors contributing to this. We note that most initiatives for this group have concentrated on cultural, police, and other socio-economic factors. We would point out that ADHD occurs in all races and cultures and that there is considerable research to show that it occurs in this group at much the same levels if not higher than in the other populations. We are also aware of considerable literature about hunter-gatherer cultures, and we feel there is a need to further explore this in relation to this population. It may well be that the ASTI hunter-gatherer background, changing to a more European model, has an exacerbating effect on ADHD-type symptoms. At the very least, there is a need for the possibility that this group may have ADHD and related conditions, often in a transgenerational way, creating a further availability for other environmental and cultural issues. We consider that this is the approach we would wish to take, typically about the recent Productivity Commission findings on Closing the Gap.
- It is likely that those with ADHD, identified on this type of screening will have other coexisting and compounding factors. They will therefore need to be assessed and managed by professionals with a thorough understanding of the needs of those with complex ADHD. Most people with ADHD will need to be treated medically with a medication such as long-acting Methylphenidate (Ritalin LA or Concerta) or Lisdexamfetamine (Vyvanse) to minimize their impulsiveness and hyperactivity and help them concentrate. However, in the experience of many experienced clinicians, those who have entered the youth justice system are often additionally mood unstable, depressed, anxious, extremely oppositional, and disruptive and frequently benefit from the use of additional medications to help with this and to make them more available to other psychosocial supports. The view of expert clinicians is that about 80% of such youth can be effectively helped and the trajectory of their difficulties greatly improved. We acknowledge that, given the complex constellation of issues in this cohort, they are likely to continue to have significant additional problems in multiple areas of life, but consider that these would be less problematic and easier to address. In collating the numbers below, this has been brought into consideration and it is considered that with effective ADHD management, even in the presence of substance

misuse, about 80% of such youth could be effectively helped. In calculations, we have taken a conservative approach of 50% to be certain.

Stage 3

- Between the 5 to 10-year mark we consider that
  a] a system will be in place for all professionals in YJ to be appropriately trained in ADHD and related conditions.
  b.] screening of all long suspensions and exclusion from school will be in place.
  C] screening will be in place at the potential entry to the youth justice system through the police and at further points through the system as necessary.
  D] training will be in place for all lawyers, magistrates, barristers, and others in the judicial system.
  E] costings will show a clear improvement in the situation, showing that the cost of screening and appropriate support and treatment outweighs the costs of incarceration and community orders.
  F] issues to do with restorative justice, victims' rights, society's attitude to ADHD, and the various professional's attitudes will have been decided on and addressed.

  With regards to the terms used in developing a 10-year plan such as market analysis and evaluation of the market, the current situation is detailed below.
  It is difficult to give precise calculations as to the likely benefit as there are several possible starting points, and there is a lack of international data as a precedent, as such a groundbreaking development has not been done elsewhere previously.

  However, there are a few options for consideration:

  1. Screen all youth with long suspensions or exclusions from school. The data that is there suggests about 50% of these will have ADHD. Many of these are likely to be entrants to the justice system and most are likely to have been demotivated with school.

  2. If we take the most recent data from the Department of Children, Youth Justice, and Multicultural Affairs, from 2019 to 20, there were 30,500 total proven offenses, committed by 3395 young people. 72% of these were male, 48% were Aboriginal and Torres Strait Islanders, and 10% of young offenders committed 47% of crimes. On an average day during that year, there were 208 people in custody of whom 70% were A T S I, and 78 of this group were on remand. There were 2994 supervised orders during that year, and 2696 community-based orders. If we take the data that a minimum of 50% of those with ADHD could be effectively helped, then 50% of the 3395 young people committing offenses could have ADHD and of those 50% could be effectively managed. This means that 845 young people could have their ADHD effectively managed such that they very likely do not re-offend.

  3. Similarly, of the 208 people in custody or on any day, 50% of those are likely to have ADHD and half of them could respond well to multidisciplinary management including medication. At a cost of$2000+ per youth in custody daily, this would likely represent significant savings.

There would be a slow flow-through effect on numbers effectively managed and costings**. Effective multisystemic management of youth with ADHD is not a panacea but clinical experience shows that it can frequently change the downward trajectory of that youth, make them more responsive to psychological strategies, help them minimize their substance misuse and engage in education or employment.** Studies show that youth with ADHD are 4 to 6 times more likely to be involved with substance misuse, and that ADHD treatment reduces the risk of substance use disorders.

The figures noted above are very conservative and with effective fine-tuned multisystemic management response rates are likely to be even higher. However, it will take time to train staff appropriately, to implement screening programs, and we anticipate that it would be at the between 5 to 10 years stage that significant improvements and cost benefits would start to be seen.

A key component to making change is training and implementation of new diagnostic and management strategies based on an understanding of ADHD. This means understanding that whilst this is not an excuse, it is an important part of the explanation. It will hopefully be much more likely to prevent the initial incident with school screening and it will be possible to minimize reoffending by treating after the first offense to make the person much less impulsive and therefore less likely to re-offend. However, there are many entrenched views both in the youth justice system and in society generally, and changing these will take time. There is a strong view within society, as articulated many years ago by Tony Blair when he said '*We must be tough on crime and on the causes of crime'*. He was talking about the causes of crime in his view being only psychosocial and if we helped this then crime would be reduced. This is clearly not the case, however, there are a great many voices both in and outside of politics that continue with this point of view despite the irrefutable evidence to the contrary.

In summary, our group considers that there are a great many opportunities created by having an informed understanding of ADHD and its place in the identification and management of youth offenders. We consider that making this change is complex and challenging, however over 10 years it would make for a much more effective and cost-effective youth justice service.

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