

Date: 7.11.2012

Exhibit number: 115

AFFIDAVIT OF DR STEPHEN LESLIE STATHIS

I, Stephen Leslie STATHIS, of the Royal Children's Hospital in the State of Queensland, Medical Practitioner solemnly and sincerely affirm and declare:

Qualifications and Experience

1. I make this statement pursuant to a request to provide information to the Queensland Child Protection Commission of Inquiry (QCPCOI) in my role as the Clinical Director of the Child and Family Therapy Unit (CFTU), Royal Children's Hospital, Brisbane, and in my role as an adolescent forensic psychiatrist.
2. I have a degree of Bachelor of Medicine and Surgery (M.B.,B.S.) awarded by the University of Queensland. I am a Fellow of the Royal Australian and New Zealand College of Psychiatrists, hold a Certificate in Child and Adolescent Psychiatry, and am a member of the Faculty of Child and Adolescent Psychiatry, and the Faculty of Forensic Psychiatry. I am also a Fellow of the Royal Australasian College of Physicians, and have been awarded a Diploma of Tropical Medicine & Hygiene (Liverpool, UK), and Masters in Clinical Epidemiology (Newcastle, NSW).
3. I have held an Associate Professorial position with the University of Queensland since 2007.
4. I have practised as a full time consultant Child and Adolescent Psychiatrist at the Royal Children's Hospital, Brisbane since 2002. I have acted as the Clinical Director of CFTU since September 2009.
5. I have extensive experience in adolescent forensic psychiatry. For over 10 years I visited the Brisbane Youth Detention Centre as the visiting consultant psychiatrist on the Mental Health Alcohol Tobacco and Other Drugs Service (MHATODS). Recently, I have commenced working with the Child and Youth Forensic Outreach Service (CYFOS).

6. I am registered with the Australian Health Practitioner Regulation Agency as a Medical Practitioner with specialist registration in Psychiatry and General Paediatrics.

Service Delivery to those children and young people experiencing mental health, alcohol and drug and or behavioural issues and who are in or at risk of entering the child protection system. Child & Family Therapy Unit (CFTU)

7. CFTU is integral to Children's Health Queensland - Child and Youth Mental Health Service, based at the Royal Children's Hospital (RCH). CFTU provides statewide specialist tertiary mental health services for young people aged 13 years and younger who experience severe or complex mental health problems and disorders.
8. CFTU's facilities include:
- (a) A 10 bed inpatient acute care facility for children and young people up to and including 13 years of age
 - (b) Family admission suite
 - (c) RCH Consultation Liaison Service (CL)
9. Inpatient Services.
- (a) The inpatient facility can accommodate up to 10 inpatients. Priority is given to the following groups:
 - (i) Psychiatric emergencies (including psychotic symptoms or suicidal thoughts or behaviour)
 - (ii) Mental health problems of a severe or complex nature
 - (b) The Inpatient Unit uses a collaborative approach to treatment that involves clients, families and other service providers involved in the child's care. The multidisciplinary team consists of Consultant Psychiatrists, Psychiatric Registrars, Paediatric Registrars, Mental Health Nurses, Psychologists, Social Workers, Speech Pathologists, a School Liaison Teacher, Dieticians, Pharmacists and Administrative support staff.

- (c) In 2012, of the 80 admissions (to 4 October):
 - (i) 6.5% of children were in foster care on admission
 - (ii) 7.8% of children were discharged back into the care of the Department of Communities, Child Safety and Disability Services (the Department)
 - (iii) 19.5% of children had a history of substantiated abuse or neglect
 - (iv) 10.4% of children were notified to the Department with concerns about abuse or neglect

10. Consultation Liaison Services.

- (a) The Consultation Liaison (CL) team provides mental health input (consultation and liaison) to all specialist services of the RCH. This includes specific clinical and advocacy services for young people being treated for sudden trauma or chronic medical conditions at the RCH.
- (b) Consultation Liaison Services target young people and families who are experiencing:
 - (i) Significant psychiatric, psychological or behavioural problems associated with chronic medical illness, accidental trauma or sudden onset of health concerns
 - (ii) Acute or chronic adjustment difficulties that are interfering with medical treatment
 - (iii) Medical complications of psychiatric illnesses
 - (iv) Serious mental illness requiring treatment in a paediatric setting with input from psychiatric services

11. On discharge, CFTU collaborates closely with local services/agencies to ensure that ongoing mental health support is provide in the community. This

includes Community Child and Youth Mental Health Services (CYMHS), private psychiatrists and other allied health professionals, and other mental health agencies such as Headspace.

Child and Youth Forensic Services. Mental Health Needs of Young People in the Youth Justice System.

12. It is well established that childhood abuse and neglect is associated with an increased criminal behaviour during adolescence. Twenty seven percent (27%) of all Queensland children who had been victims of substantiated harm and had contact with the child protection system subsequently offended and became involved in the youth justice system. Approximately one in six (17%) had been in the care of the Department prior to detention.¹
13. Young people in the Youth Justice System rank among the most socially disadvantaged in the community, and are at an increased risk of mental health and substance misuse problems. In Queensland, a high proportion of these young people identify themselves as being Aboriginal or Torres Strait Islander. Approximately 50% of Mental Health Alcohol Tobacco and Other Drugs Service (MHATODS) clients identify as being Indigenous.
14. Longstanding deficiencies in the provision of health services to young people in Queensland's Youth Justice System were recognised in the Forde Inquiry. Recommendation 10 highlighted the need for these young people to have appropriate access to child and adolescent mental health services that would adequately address their needs while in custody and ensure access to follow-up on their release from detention.
15. In response, the Queensland government offered an integrated service model including mental, oral and sexual health as well as drug and alcohol treatment, funded on an annual, recurrent basis. This included the development of integrated detention centre and community-based forensic assessments, mental health and substance abuse treatment programs.
16. Queensland Health has set up two services in Southeast Queensland specifically to address the mental health and substance use assessment and treatment needs of young people in the Queensland Youth Justice system. These are MHATODS and Child and Youth Forensic Outreach Service (CYFOS).

17. Since 2003, MHATODS has provided comprehensive dual diagnostic mental health and substance abuse services to youth in the Brisbane Youth Detention Centre (BYDC). A similar service is provided by the North Queensland Adolescent Forensic Mental Health Service (NQAFMHS) to young people in the Cleveland Youth Detention Centre, Townsville.
18. The second service, CYFOS, provides a consultation-liaison service to agencies requiring specialist advice on the complex mental health assessment and treatment needs of young people with forensic issues (particularly those posing a risk to others) based in the community. NQAFMHS provides a similar service in north Queensland.
19. Queensland arguably now has the most comprehensive adolescent forensic mental health services in Australia, though gaps remain. Closing these gaps will form the basis of my recommendations in relation to the forensic system.

Service Delivery to those children and young people experiencing mental health, alcohol and drug and or behavioural issues and who are in or at risk of entering the child protection system. Forensic Service Delivery: Mental Health Alcohol Tobacco and Other Drugs Service (MHATODS)

20. MHATODS was the first service in Queensland to provide integrated drug and alcohol and mental health treatment for adolescents. Young people in BYDC now have access to the same level and quality of services available to youth in the community. Since its inception as an interim mental health services in 2001, MHATODS has provided assessment, counselling and other services for over 4,500 clients including many who have been admitted on multiple occasions.
21. MHATODS has a presence in BYDC from Monday to Friday, and runs seven, four-hour clinics and a number of group programs each week. After hours and weekend cover for the MHATODS service is provided through the Children's Health Queensland Hospital's on-call child and adolescent psychiatrist.
22. The majority of young people in BYDC screen positive for mental health problems, with high rates of depression, anxiety, suicidal thoughts and somatic complaints. The prevalence of mental health and substance use

problems is up to five times that of young people in the general community. Many report histories of sexual or physical abuse, neglect and trauma.

23. Approximately 75% of males and 90% of females in BYDC screened above the clinical cut-off for mental health or substance abuse problems. Post trauma related conditions are common in this population, with 75% of non-Indigenous and 82% of Indigenous females screening positive for at least one significant traumatic event.²

Service Delivery to those children and young people experiencing mental health, alcohol and drug and or behavioural issues and who are in or at risk of entering the child protection system. Forensic Service Delivery: Child and Youth Forensic Outreach Service (CYFOS)

24. CYFOS is a specialist forensic service, developed to assist young people with mental health issues who are currently involved with, or at significant risk of involvement in, the criminal justice system. There is a particular focus on young people who pose an increased risk of harm to others, although this service cannot currently be provided to Youth Justice Services. Child and Youth Forensic Outreach Service operates within a multidisciplinary framework, drawing on staff from Psychiatry, Psychology, Social Work, Mental Health Nursing and Indigenous mental health.
25. CYFOS is based within the Children's Health Queensland Hospital and Health Service, and utilises an outreach model to provide services across the Central and Southern Cluster Networks.
26. The key stakeholders are local CYMHS and the Department of Justice and Attorney-General (Youth Justice). The Department of Communities, Child Safety and Disability Services is not funded as a stakeholder to the service.

Key examples of service delivery or specifically targeted programs for responding to this cohort of children and young people. CFTU – Inpatient Unit

27. Triple P. CFTU works within the principle that all behaviour has meaning. CFTU requires that parents/guardians of all children admitted into the unit to have an active role in their child's care. CFTU offers the Triple P Positive Parenting Program to all parents or carers of children admitted into the

inpatient unit. Triple P is a parenting and family support strategy that aims to prevent severe behavioural, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents. Developed in Brisbane, Triple P is one of the few evidence-based parenting programs that is now available worldwide. It is founded on over 30 years of clinical and empirical research. Four Triple P sessions are fast-tracked over two weekly 3-hour sessions. Parents with children who have been discharged prior to completion of the two week program are invited back as outpatients. Weekly phone support is also provided to complete the program.

28. Co-admission of residential carers. For children who are under the care of the Department and in residential care, we expect that at least one of carers remain with the child while they are admitted into the unit. Carers may rotate. Reasons include:

- (a) Consistency of care. Many of these children have histories of disrupted attachment that compromised their behaviour and increases the risk of mental health problems. Young people at risk quickly 'attach' to an environment of consistency and predictability. This potentially increases the risk of institutionalisation during admission into CFTU. We have found that the 'rooming in' of carers reduces these risks.
- (b) Assertive psychoeducation about the mental health problems experienced by young people at risk, and upskilling of carers in parenting techniques. Triple P is offered.

29. CFTU Family Assessment. CFTU offers the only inpatient family-based mental health assessment for children in Queensland.

- (a) Family admissions are offered when it is agreed by the CFTU team and community referrer that the therapeutic benefits of a 24-hour inpatient observation program can achieve more than a less intensive, outpatient therapeutic model.
- (b) The family's suitability for inpatient admission is based on the following criteria:

- (i) Commitment to therapeutic goals by the parents/guardians/carers
 - (ii) The family are voluntary and willing participants
 - (iii) The family are willing to be actively engaged in a learning process that will include family assessments, feedback sessions, family activities (on and off site) and some educational sessions.
 - (iv) Attendance at the Triple P course run by CFTU
 - (v) The family is provided with written information, providing guidelines to assist them to maximise the therapeutic benefits of the admission.
 - (c) During Admission
 - (i) Family members are encouraged to interact freely with each other as they would in their home environment. This provides the CFTU team with valuable information about styles of family interaction
 - (ii) The Inpatient Team will work closely with the family to provide observation, support and guidance.
 - (iii) A case manager co-ordinates assessment, family therapy and liaison with relevant community stakeholders.
30. Consultation-Liaison (CL). The CL Service works closely with paediatricians, nurses and allied health professionals throughout the RCH. It has close links with the Child Advocacy Service.

Key examples of service delivery or specifically targeted programs for responding to this cohort of children and young people. MHATODS

31. Indigenous Support. Given the high proportion of Indigenous youth in custody, MHATODS has a strong focus on the cultural sensitivity of its services. The MHATODS service employs two full time Indigenous Health

workers who act as cultural brokers to support and encourage young people to attend counselling. MHATODS has published data that demonstrates Indigenous youth have equity of access to mental health and substance abuse services while in detention.

32. Mental health and substance abuse programs. MHATODS offers a range of voluntary, targeted individual and group based mental health and substance abuse treatment programs for young people in BYDC.
33. Post trauma support. MHATODS has developed the Brief Intervention for Trauma Symptoms (BITS) program specifically for young people in detention. Incorporating a psychoeducational framework, the 3-4 BITS program enables young people develop an understanding on how childhood trauma and abuse impacts on their behaviours and cognitions.
34. Training. MHATODS provides training for youth workers in BYDC on the prevalence, assessment and treatment of mental health and substance abuse problems found in young people within the youth justice system.
35. Transitions program. MHATODS has addressed the issue of young people failing to take up clinical follow up services in the community on release from youth detention. Over the last eighteen months, MHATODS has undertaken an externally funded "Transitions" program, which provides clinical follow up for Indigenous clients on their release from detention. The aim is to give these young people additional support over the vulnerable period post release and actively support in engaging with local clinical services within the Brisbane Metropolitan area.

Key examples of service delivery or specifically targeted programs for responding to this cohort of children and young people. CYFOS

36. CYFOS is funded to provide the following:
 - (a) Mental health services to youth justice consumers.
 - (b) Training and consultation to youth justice and child and youth mental health staff to increase their capacity to respond to young people with forensic mental health issues.

- (c) Specialised forensic assessments (violence, sexualised behaviours, threat, animal cruelty and fire-setting), facilitation of offence-specific treatment, input into risk management and treatment plans and participation in collaborative interagency interventions for child and youth mental health consumers.
- (d) Court Liaison service to six Children's Courts across local and metropolitan Brisbane to facilitate early intervention, promotion and prevention of mental illness.

Agencies, government and non-government, that partner with Queensland Health in providing these services: CFTU

- 37. Referrals are made by CYMHS clinicians, Paediatricians, Child & Adolescent Psychiatrists, the Department, and other agencies throughout Queensland. Referral agencies are supported to remain actively involved during inpatient admission and continue their role as a major service provider following discharge.
- 38. CFTU works collaboratively with a range of government and NGOs who may have provided services for the child or family in the community. This includes Education Queensland and private Schools, the Department, Youth Justice Services (rare) and other welfare services within the private sector (ACT for Kids, UnitingCare Community, etc.)

Agencies, government and non-government, that partner with Queensland Health in providing these services: MHATODS & CYFOS

- 39. Given that MHATODS' is based at BYDC, the Service works closely with the Department of Justice and Attorney-General and community Youth Justice Services. MHATODS' clinical services are conducted in the health centre based at BYDC, so the Service has strong links with Queensland Health nursing staff (West Moreton Hospital and Health Service). MHATODS also has links to Education via the school which operates out of BYDC.

40. On release from custody, MHATODS will attempt to link the young person to local CYMHS or drug and alcohol services.
41. Young people in the youth justice system frequently access a range of government and non-government agencies in the community. With the young person's consent, CYFOS and MHATODS actively liaise with these agencies.

Current challenges- identified gaps in service delivery, what needs to be fixed or improved and what if any policies and procedures may be negatively impacting on the way business is conducted. CFTU

42. **Specialist in-patient services for developmentally aggressive and vulnerable children.** There are limited, co-ordinated services for these children and their families in the community. CFTU is increasingly requested to provide in-patient admissions to these children, even when a psychiatric assessment has not been completed, and it is unclear if mental health issues are driving the behavioural problems. Evolve Behaviour Support Service – Early Intervention (Evolve Disability Services Queensland; Evolve DSQ) provides behaviour support services for children and young people with a disability who have complex needs and challenging behaviours who are at risk of being relinquished by their families to the child protection system. A number of these children are clients of Evolve DSQ. However, unlike Evolve Therapeutic Service, Evolve DSQ is not directly funded to provide psychiatric services for these children and their families. Managing the complex mental health needs of these children is a significant challenge and is identified as a gap in service delivery.
43. **Longer term specialist inpatient care for children under 12.** CFTU is an acute unit. Queensland has no inpatient or step-down facility that provides longer-term treatment and rehabilitation for children with complex mental health needs. These include children exposed to severe trauma (i.e. long-term abuse and neglect) or those who have complex mental health problems complicated by significant family dysfunction. Given their history of abuse and familial dysfunction, it is not uncommon that these families are previous or current clients of the Department. These children frequently require

intensive, long-term therapy in order to maximise recovery and allow for successful transfer back into the community. This is an important gap in service delivery.

44. **Lack of a Child and Youth Mental Health Day Program.** The Mater Children's Hospital (Mater Kids in Mind) provides a Day Program - an intensive, family focussed assessment treatment for children and young people while they continue to live at home. Children and young people are referred to the Day Program to address significant functional impairment resulting from major mental health problems which would benefit from a more intensive approach than that available from CYMHS, but does not required an inpatient admission. No such program exists on the north side of Brisbane. Such a Day Program would provide considerable support for children under the care of the Department. It is an identified gap in service delivery.

Current challenges- identified gaps in service delivery, what needs to be fixed or improved and what if any policies and procedures may be negatively impacting on the way business is conducted Forensic Services.

Unlike Adult Forensic Mental Health Services, Child & Youth Forensic Mental Health Services have an earlier opportunity to target the trajectory of a range of serious mental health disorders associated with offence specific behaviours, such as sexually harming others, fire setting, animal cruelty and stalking among others. Current ad hoc service responses and lack of expertise in the area place at risk both the future of the young people involved and the safety of the community. There is good evidence to demonstrate that effective treatments for these behaviours exist. Child and Youth Forensic Mental Health services should be funded to provide a clinical service to a limited group of Youth Justice clients most likely to require this approach.

45. **Transitional Services.** There is evidence that the period between two and six weeks following discharge from detention into the community is extremely high-risk for therapeutic relapse and re-offending. Best practice identifies the need for Transition Coordinators to provide assertive follow up, maximise young people's engagement with appropriate community services and ensure follow up for mental health and substance use interventions.

Under the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes (Closing the Gap), MHATODS has received funding to role out transitional services for Indigenous Youth. No current funding exists to support transitional services for non-Indigenous young people. This is an identified gap in service delivery.

46. **Organised Institutional Care – Individual and Group Homes.** Young people who exhibit problematic behaviours of a violent or sexual nature are difficult to manage in standard foster care placements. These behaviours frequent cause placement breakdown, which leads to adverse outcomes for young people as well as strain and burnout for foster carers. A comprehensive approach to such behaviours in their early stages may prevent young people from experiencing additional placement instability. There is a need for highly specialised treatment planning for young people who require residential foster care placements to reduce the risk of them requiring an even higher level of intervention. A Therapeutic Foster Care Model, in which different tiers of intensive therapeutic interventions are provided to children and adolescents, has been found effective. No such models exist in Australia. This is an identified gap in service delivery.

47. **CYFOS and Department of Child Safety Consumers.** CYFOS is limited to working with their key stakeholders. This currently does not include the Department. Thus, CYFOS are restricted to working with Department consumers who are referred to the service by CYMHS or Youth Justice services. It is not uncommon for CYFOS to receive requests from the Department to provide mental health or specialised forensic assessments on young people who are currently involved, or are risk of involvement with the child protection system. CYFOS are not funded to provide this important service. This is a clear gap in service delivery.

48. **CYFOS and Youth Justice Service Consumers.**

- (a) A significant demand exists to treat young people in the youth justice system with a history of sexual and violent offending. Many have a history of abuse and involvement in the child protection system.

- (b) At present, there are no therapeutic programs available to young people with severe problems in aggressive behaviour.
- (c) Only two treatment providers in Queensland work with young people with sexual behaviour problems. The Griffith Youth Forensic Service (GYFS) provide offence-specific therapeutic interventions to young people who have been found guilty of committing a sexual offence and court-ordered to engage in treatment to address their sexual offending. The Mater Family and Youth Counselling Service (MFYCS) deliver treatment interventions to young people who have committed a sexual offence and have been referred to the Youth Justice Conferencing program. This service is only available to young people who reside within the local Brisbane area. The GYFS and MFYCS are both at capacity and currently not accepting a number of the clients that are referred to their respective services. Treatment provision to this high risk and often traumatised population also requires significant staffing resources as lengthy periods of individual and group treatments are often required to produce substantial risk reduction.
- (d) CYFOS has considerable expertise in providing specialised forensic assessments and treatment for these young people. However, CYFOS is only funded to provide mental health assessments, rather than specific offence-related treatment, to young people in the youth justice system who are not current clients of CYMHS.
- (e) Young people with sexual behaviour problems who are not formally adjudicated or diverted to conferencing, and have no co-morbid mental health problems, are therefore either being referred to private practitioners (often who have limited experience with working with forensic populations) or are not being treated at all. Notably, many of these young people have had some current or past involvement with child safety services. Appropriate interventions although resource and skill intensive have the capacity for significant cost savings to the community in terms of reduction in recidivism rates of very serious offences These issues form clear gaps in service delivery.

49. **CYFOS Court Liaison Service.** The purpose of the Court Liaison Service is to increase early access to screening and detection of mental health and substance abuse issues for young people presenting before the Children's Court. A significant proportion of young people referred for assessments through the CYFOS Court Liaison Service have child protection concerns. In these cases, CYFOS conducts an assessment on these young people, links them into appropriate mental health and support services and facilitates collaborative interagency interventions to meet the multiple needs of these clients. Currently, CYFOS service six children's courts across Brisbane and are only present at these court on the days that Children's Court is officially convened. CYFOS is unable to offer an assessment to young people requiring mental health support at the Children's Courts that are not serviced by CYFOS, or to young people presenting to Children's Courts on non-call Children's over days. This lack of adolescent court liaison services is a gap in service delivery.
50. **Medicolegal Reports.** There are no resources for publicly funded, independent psychiatric forensic assessments in Queensland. Access to independent psychiatric assessments required by the Family and Children's Court are outsourced to private service providers. There are only a small number of qualified child and adolescent psychiatrists qualified to produce these reports. In some instances, young people have been remanded in custody whilst assessments pertaining to issues around risk, mental state, capacity to plead and competency have been undertaken, which is in direct violation of the principles of the Juvenile Act. The scarcity of suitably qualified private psychiatrists, and the absence of publicly funded (Queensland Health) psychiatrists, who have the expertise to provide independent forensic psychiatric assessments is a concerning gap in service delivery.
51. **Service inequities across Queensland.** Limited services available to child and youth forensic mental health consumers residing in rural and remote areas. These young people tend to be marginalised and are more likely to have outstanding child protection needs. The CYFOS outreach model seeks to reduce inequities in service delivery to forensic mental health consumers residing in regional and remote locations and their respective service providers. However, CYFOS is limited in what it can provide to young

people with forensic mental health issues residing in regional areas and is unable to guarantee a prompt response in the event of a psychiatric emergency, particularly for geographically distant clients. Budgetary restrictions imposed on CYFOS travel compound these difficulties. This is a gap in service delivery.

52. **Clinical Psychiatrist Hours.** Child and Youth Forensic Mental Health Services require an increase in the level of psychiatrist hours to meet current service demands. Although numbers of allied health and other staff have approximately doubled over the last 10 years, there has been no increase in psychiatrist hours (except in the northern zone 0.5 Cleveland expansion) to compensate for the resultant increase in clinical load. Increased demands on the services include escalation in numbers of assessments required, expansion of stakeholders requiring outreach support, and a rise in the need to provide leadership and direction in increasingly complex multi-factorial cases that commonly include extreme violence, co-morbidity, complex multi-agency liaison and community concern. This places a strain on current psychiatry resources and is a gap in service delivery.
53. **Statewide Director of Child and Youth Forensic Mental Health Services & Administrative Support.** Provision of a Statewide Clinical Director of child and youth forensic psychiatry would enhance leadership structure, promote collaboration with other government and non-government agencies including Youth Justice services and the Department, and improve service delivery within the sector. Additionally, the position would enhance the development of research and of statewide best practice clinical standards, sustainable skills and knowledge. It would also have an emphasis on developing child and adolescent psychiatrists' skills in this specialist area. This is an identified gap in service delivery.
54. **Capacity for inpatient adolescent forensic beds.** There are no secure, locked adolescent forensic inpatient beds in Queensland. If they are unable to be managed in youth detention, potentially dangerous, violent and psychotic adolescents need to be treated in non-forensic hospital mental health inpatient facilities. Some of these patients have been under the care of the Department. This is not ideal and opens the hospital to significant risk. This is an identified gap in service delivery.

I trust this has been of assistance to the Inquiry.

Affirmed by STEPHEN STATHIS on 17.10.12 at Brisbane in the presence of

Tania Withington JPC (Qual)
TWittington





Deponent

STEPHEN STATHIS

References:

1. Commission of Children and Young People and Child Guardian. (2009). Snapshot 2009: Children and young people in Queensland. Brisbane: Author
2. Stathis SL, Letters P, Doolan I, Fleming R, Heath K, Arnett A, Cory S. (2008) Use of the Massachusetts Youth Screening Instrument to Assess for Mental health Problems in Young People Within an Australian Youth Detention Centre. Journal of Paediatrics and Child Health Jul-Aug;44(7-8):438-4