

TRANSCRIPT

LEGISLATIVE COUNCIL LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into Victoria's Criminal Justice System

Melbourne—Tuesday, 21 September 2021

MEMBERS

Ms Fiona Patten—Chair

Dr Tien Kieu—Deputy Chair

Ms Jane Garrett

Ms Wendy Lovell

Ms Tania Maxwell

Mr Craig Ondarchie

Ms Kaushaliya Vaghela

PARTICIPATING MEMBERS

Dr Matthew Bach

Ms Melina Bath

Mr Rodney Barton

Ms Georgie Crozier

Dr Catherine Cumming

Mr Enver Erdogan

Mr Stuart Grimley

Mr David Limbrick

Mr Edward O'Donohue

Mr Tim Quilty

Dr Samantha Ratnam

Ms Harriet Shing

Mr Lee Tarlamis

Ms Sheena Watt

WITNESS (*via videoconference*)

Distinguished Professor James Ogloff, Professor of Forensic Behavioural Science, and Director, Centre for Forensic Behavioural Science, Swinburne University of Technology and Executive Director of Psychological Services and Research, Victorian Institute of Forensic Behavioural Science (Forensicare).

The CHAIR: Hi, everyone. Welcome back. We are very privileged to be joined by Professor James Ogloff. Anyone who works in this area will understand some of the fundamental and really groundbreaking work that Professor Ogloff has achieved in many areas around the criminal justice system and in particular youth justice. He is a Professor of Forensic Behavioural Science and Director for the Centre for Forensic Behavioural Science at Swinburne University of Technology. Welcome, Professor.

If I could just let you know that all evidence taken is protected by parliamentary privilege, and that is provided under our *Constitution Act* but also under the standing orders of the Legislative Council. Therefore the information that you provide at this hearing is protected by law. You are protected against any action for what you say today; however, if you were to repeat those same comments outside this hearing, you might not have the same protection. Any deliberately false evidence or misleading of the committee could be considered a contempt of Parliament.

We are recording today, so you will receive a transcript, and I encourage you to have a look at that and make sure that we have not misrepresented you or misheard you during this inquiry, although the Hansard people are very precise and exact people, I know.

We would welcome some opening comments, and then we will move to committee discussion.

Prof. OGLOFF: Thank you very much. It is my pleasure to be here, and I am very grateful for the invitation to testify today. I want to just begin by acknowledging the traditional owners of the land on which we are located today, and in my case I am meeting on Wurundjeri land from the Kulin nation. I would like to pay my respects to elders past, present and emerging.

So in the brief statement I have prepared for today, what I want to do is just very briefly mention the Centre for Forensic Behavioural Science, and then I want to touch on three topics and then open up discussion. As some members are aware, the Centre for Forensic Behavioural Science is a research and training centre originally established in 2007 with a mandate of providing education and research evaluation and support in the areas of forensic mental health and forensic behavioural science. The centre relocated from Monash University in 2014 to Swinburne University, where we are located, and we are a partner with Forensicare. So Forensicare, the statewide forensic mental health service, have a main mandate under the *Mental Health Act* to provide education and research in forensic mental health and forensic behavioural science, and they do that through our centre. So I am speaking today not on behalf of Forensicare or Swinburne but independently, and I will talk about work we have done within the centre.

The final point on the centre is that we have a range of staff and we work across six particular research areas. I think they are of great relevance to the work the committee is doing. The first is aggression and violence. This has been a hallmark of our work, both understanding the drivers for aggression and violence and how we reduce it. The second is victimisation, child maltreatment and offending, including youth offending. Forensic mental health recovery—so this is people in the forensic mental health service assisting them in their recovery. We then deal with complex criminal behaviour; this includes particular types of offending, such as stalking, people who make threats and sexual offending, and for example, at the moment we are doing a lot of work with child internet pornography offending. Then we have culture, psychology and law; this is such an important topic in our environment, and we are very pleased in our centre to have an Aboriginal lecturer, Dr Justin Trounson, who was Swinburne's inaugural Aboriginal research fellow—he works with us in the area—and Associate Professor Stephane Shepherd, who works in the multicultural area as well. We then have rehabilitation, reintegration and offender management, looking really at community integration of offenders, and finally, psychology of the legal process, including, for example, a lot of work we have done recently with Court Services Victoria, including an evaluation of the group-conferencing process in the Children's Court.

So the three areas that I want to just touch on very briefly pertain to, first of all, mental illness and offending; the second is the need for continued integration of services in the youth justice space; and finally, I just want to briefly touch on what we call complex criminal behaviour and offender rehabilitation. I have read through some of the transcripts and been able to hear some of the testimony that has been given, and I realise the committee

has received a lot of information, so my goal is not to duplicate that but really to highlight some different points and then have questions.

As the committee will be aware from much of what you have received, there is a significant over-representation of people with mental illness and disability in the criminal justice system. I think, on the positive side, I always emphasise that our own research looking at very large epidemiological studies in Victoria shows that 92 per cent of people with serious mental illness never engage in violence, never get charged with a violent offence, and that in fact only 25 per cent of all people with a disability or mental illness in their lifetimes have any offending history.

So the starting point always needs to be: most people with these conditions do not offend. Having said that, our research and international research show consistently that there is an increased level of risk of offending among people with serious mental illness and disability. That is in, roughly, the 'three times to five times more likely' category, and so this does present the need to have solutions that target and support people with serious mental illness and disability. On the positive side, we have been able to demonstrate that we can have great success in intervening with people with these conditions, and one of the most important points is that over many years we have learned that it is not just treating mental illness, it is actually also assisting people in overcoming a range of other factors that contribute to offending.

Early in my life I was director of mental health services for corrections in British Columbia, and I did believe that if we just treated mental illness we would see a reduction in offending. Over about a decade we showed that that just did not happen. And so in Victoria we have learned from that. For example, at Forensicare, in addition to treating mental illness, we address a range of offending issues as well, and that is work we encourage within the broader justice system. I think that is why we see the vast majority of people with these conditions are not offending—it is because the mental illness can be a necessary but not sufficient condition for offending among the higher risk group.

The second point that I wanted to just make is with the royal commission—and sorry, this is related to the mental illness and offending point—we were very pleased at having an injection of funding and support at Forensicare, but there is still a lot of work to be done. And this is a great fear we have generally in the criminal justice system and the forensic mental health system—that although there was significant recognition of these problems, the first phase of funding is not even enough to get us really to meet demand. So that is an ongoing fear we have, that with budget concerns this is an area that often is left behind. In fact it was not until the most recent budget that Forensicare, for example, received a significant investment in the redevelopment of the Thomas Embling Hospital, which is more than 20 years old and is certainly not purpose built.

The second main area I want to talk about just very briefly is the youth justice area, and I am really going to focus on, again, the youth forensic mental health area. As the committee will be well aware, we have a really interesting situation in Victoria where we do have the lowest rate of adolescent incarceration and the lowest rate, really, of people coming under orders, and we have seen a year-on-year reduction over more than a decade. But what our work with the Penny Armytage-Ogloff report showed is that while the numbers have gone down, the complexity and the severity of young people and their offending has increased. So the concern is still that we are not meeting the needs of the young people with the degree of services that are required, and this is largely as reflected in the review I did with Penny but also in the royal commission on mental health. It is a lack of integration in the youth forensic mental health system. So the vast majority of young people, unlike adults, do have some affliction, and in fact in my clinical life of 40 years next year I have not seen a young person in youth detention who does not have significant social or psychological damage. So the fact that we do not have an integrated youth forensic approach I think still serves us very poorly in the state.

Then finally, again, bringing some good news, we have been able to demonstrate through our own research and a number of trials that we can significantly reduce offending among the three groups of people—people with mental illness. In recent work that we have completed we were able to look at every person who has come through a forensic order through Forensicare—this is either a custodial supervision order or a non-custodial order—and in now more than 20 years not one person, when they have been discharged, has gone on to commit a serious violent offence. And the rate of recidivism, even whilst under order, remains around 20 per cent, so it is less than half of what we see in the criminal justice system. And I should say that the majority of people on orders are all there for indictable offences, and mostly serious offences including a high proportion of attempted murder and murder.

Second, with the complex behaviour area we have been able to demonstrate—in those areas of sex offending, stalking, making threats, violence—that we can reduce offending, and again we have been able to demonstrate reductions as high as 75 per cent in reducing the likelihood of offending. So the reality is that while we certainly are daunted by the ongoing pressure that we see in the justice system and the forensic mental health system, there are solutions and we are slowly seeing progress, but we need to continue the pressure to keep and sustain those changes.

So thank you. Those are my comments, and I am happy now to have a broader discussion.

The CHAIR: Thank you, James. I have introduced you to everyone, but Dr Matthew Bach has just joined us as well. That is fascinating, and that is incredibly good news, the ability to really disrupt and change those reoffending statistics. Are there learnings from what you are doing in that Forensicare area and that mental health forensic area that can be transferred to the more general population? Are these lessons and tools that we could be expanding on?

Prof. OGLOFF: There certainly are. I mean, again, all of what you have already heard are reasons that it is more difficult in both the adult and the youth system. One of the biggest difficulties is the dramatic rise in remand populations, and as you will be well aware, I think, 42 per cent of people in adult custody at the moment are on remand. And naturally they do not receive offending rehabilitation services. And a large proportion of them end up having their sentence as time served. So they never have an opportunity for intervention. The key is really what we call integrated intervention. It is not seeing a drug and alcohol counsellor for a 20-hour session and then seeing somebody dealing with violence and anger; it is really integrated therapeutic approaches. Certainly Corrections Victoria has seen success in some of their developing models as well. But when systems are under pressure it is incredibly difficult to see the integrated services, and that is really part of the answer.

I think the final point on that is that you have heard from many people, quite rightly, that social disadvantage and other societal inequities—and we have seen the postcode phenomenon—are significant, but we always have to remember that the majority of people do not offend. So it is not being poor, it is not being a multicultural group, it is not being disadvantaged in and of itself; it is that plus a range of other factors. It is those factors, particularly when people are in the justice system, that need to be addressed, because obviously the criminal justice system itself cannot reform society in a way to reduce the likelihood of offending.

The CHAIR: No, that would be the tail wagging the dog in some ways, wouldn't it, if we tried to fix society by that end. Just on that, I know that in your youth justice review and strategy you had quite a bit to say about those short sentences, about the impact that they can have—disruption to a person's life and connections—but also the inability to provide some of that care that you have mentioned. Do you think we as a committee should be recommending changes to the way that we sentence people, particularly in that short sentencing?

Prof. OGLOFF: It is a very difficult question, because as many people have also said, particularly youth incarceration is criminogenic. I mean, I worked first in a youth detention centre in 1982, and over two years the only thing I learned was: don't put people in those facilities. So it is a double-edged sword, Fiona, because on one hand disrupting people's lives on remand and short sentence does the opposite of what we need to do. So there is a debate at the moment about the age of criminal responsibility. If one looks at countries that have higher ages of criminal responsibility, such as Canada or the Scandinavian countries, what you find is that when young people under the age of criminal responsibility are engaging in what we would call criminal behaviour, they are really cocooned in a social service system including education. So what happens is the social services are looking at the family—how can they be supported, how did they engage with school? Sadly what we do unwittingly is separate them from all these services. Of course for young people the disruption—even at the time we did the review with Penny, the average remand period was around 45 days. I do not think it is very different now. For us as older adults that is not much time, but for a young person that is a huge amount of time. It really takes them away.

So the difficulty, and we sort of stew over this, is that in some countries, like the UK, there have been recommendations that you only sentence people to a period of detention when it is really required, and rather than looking at it as a sentence in the way that we do in the conventional way, you look at it as a period of time and you rethink the youth justice as more education. So rather than putting people away for, say, 35 days or 45 days—and I think the average sentence now is about 90 to 100 days—you actually look at school terms and things like that, so how you can then integrate the person back into society. So on one hand, you know, we do

not want to see anybody in youth detention, but if people need it, then we have to give consideration to more than just the sentencing principles.

The CHAIR: Yes. It is more about what you can achieve. You would be looking at the goals that you have, which is not just to incarcerate someone. It is actually to put them back on track. I know the first time I went to Parkville I thought if you ever wanted to take someone to a place to show them that you did not care about them, that is probably where you would take them.

Prof. OGLOFF: Yes. It is just the culture itself. Despite all the good efforts, and there has been, as you know, immeasurable goodwill, you get the most difficult young people together and there are no positive role models. We know from young people that is the opposite of what works.

The CHAIR: Yes. If I have got time, I will come back, but I will move on to Kaushaliya. Thanks, James.

Prof. OGLOFF: Thank you.

Ms VAGHELA: Thanks, Chair. Thanks, Professor Ogloff, for your time today and also for providing us the *Youth Justice Review and Strategy* report. You have a wealth of experience, I understand you just said about 40 years, so you have worked in many different fields. But you have also done a lot of work in the youth justice space, so my question is based in that space. In undertaking a system-wide review of youth justice, what were your key observations of the system?

Prof. OGLOFF: I think the key observations were essentially that at the time we did the review, and this was reformed significantly, there really were no systems so I do not want to spend much time retraversing that territory. But, for example, the community youth justice was separate from custody, they had different models of care and there were not even formal reporting lines. Now there has been a significant restructure, with a dedicated deputy secretary, a commissioner and an integrated service, so the structure I think has certainly moved a long way. Now it is trying to continue developing, like I said earlier, therapeutic approaches to deal with a small number of people but who are highly challenging and damaged.

Ms VAGHELA: You also just mentioned the UK, and I understand you have had dealings with all Australian jurisdictions and many other international jurisdictions as well. So how does Victoria compare with other jurisdictions when it comes to tackling recidivism and what can we learn from them?

Prof. OGLOFF: I think in Australia we still do very well. I do a lot of work around the country, and we still are largely the envy of the country. Certainly we went through a difficult period a few years ago and we still have issues and high rates of reoffending, but our broader criminal justice approach is really quite good. That includes diversion, so at the police end there are excellent programs, including an early youth outreach program that has been piloted. I do not know if the committee has heard about that. It has a police car co-staffed by a police officer and a youth worker. Our centre has been involved in the evaluation and support of that for several years now, and funding has been increased. We have actually seen a significant reduction in offending and a significant cost benefit—the same with the Children’s Court group conferencing. These things work very well. Where things are more difficult is once young people come in custody. Even on youth orders now I think things have improved, so it is working particularly with the new facility working on those models.

What we know from international best practice, which is your question, is what works best is very small units with people, rather than having large units like we have like, Fiona, you mentioned at Parkville, which are really terrible, and Malmsbury is the same. It is very noisy. You cannot get away, so it is the opposite. If you have teenagers at home—we called it in our family when we had kids that age ‘retreating to the cave’. You know, they like to go into their own space. So it is having small units, lots of space and the ability to have what we think is a therapeutic approach. We do not mean a softly softly approach, we mean high degrees of structure but a high ratio of professional staff. Again, the services internationally that do best, that is what they have. And there has been a lot of work done looking at those models. So again, we are doing very well I think in the broader area, the broader system. Where we struggle really is at the pointy end. That is where we need the most work at the moment. Again, we have small numbers but—and that is the other observation—they are just completely damaged people, you know. The sad reality is if we do not do something different—the research shows that 90-plus per cent are ending up in the adult system—that means there is absolutely no hope for such a large number of people; that is not, I think, tolerable.

Ms VAGHELA: Thanks, Professor. Chair, I will come back if time allows.

The CHAIR: Thank you. Tania.

Ms MAXWELL: Thank you, Chair. Thank you, Professor Ogloff, for joining us today and for your information that you have put forward. I wanted to talk about mental illness and offending, particularly under Thomas Embling and Forensicare. For those that are on a custodial order, and you talked about the low recidivism rates, reoffending, I can think of three just off the top of my head—Jonathan Dick, Lakovski and Konidaris—who were on leave or given leave and committed some horrendous crimes whilst on leave.

From a victim's perspective—and I have worked a lot with victims who have either lost a loved one or have almost lost a loved one to someone who has then been incarcerated into Thomas Embling—how do we ensure that those victims are kept safe and updated? Because often one of the things that we have heard from victims who have experienced that is that they are not provided with any information. So how do they keep themselves safe if that offender is released, whether it be parole, supervision, unsupervised leave or whatever?

Prof. OGLOFF: I think the starting point, which is difficult to wrap your head around, is that the people at Thomas Embling on the orders have been found not guilty. So under the criminal justice system they are not guilty because of mental illness, and therefore the hospital is managed under mental health provisions, not under criminal justice provisions. That is certainly uncomfortable for some people, but it is necessary for the recovery of those individuals and the overall safety of their families and communities.

So I cannot speak to individual cases but, you know, in the examples you gave at least one was a person who had access to leave but his offending occurred in the hospital. Another person is the one person we had who offended whilst on leave—and a more serious offending, over 20 years and many, many people. But those are still very good statistics. You will always have difficulty.

So I think the message to families and the community is—and my own experience with victims over many years is—that they are often very satisfied if they can understand. Most victims, including family members, tell me that they know the person is unwell; they want to see them be assisted in recovery and they want the community to be safe. So the fact that, again, over the lifetime of that hospital there has been such high success should be, I think, very positive for the community.

That is not to mean for a second that we cannot continually improve. As was made clear in my opening comments, we have some funding through the royal commission on mental health, but that is just the very beginning; it barely meets demand. So the answer would really be if we could have increased resourcing in services like that we would see even better outcomes.

I will just give one example. The Thomas Embling Hospital at the current moment has 136 beds, and most of the people coming in and out are not actually the forensic mental health patients. They are prisoners who require involuntary care. Because of pressure, we only have them for a few weeks. They come to us just when they require involuntary treatment. They then return to prison. In fact they are kept at the hospital in our highest security unit, so they do not have any benefit from long-term rehabilitation, whereas the forensic mental health patients obviously have a long period of time in the hospital and, like you mentioned, leave. The leave is governed by the forensic leave panel, which is chaired by a judge. Those leave decisions are not made by the hospital. So there is a very serious vetting process.

So I think the bottom line is the better service, the better treatment, the more safe that family and community can be.

Ms MAXWELL: Thanks, Professor.

The CHAIR: Thank you. Matthew.

Dr BACH: Thanks, Chair. Many thanks, Professor Ogloff, for being with us. Two of the four points in our terms of reference are regarding magistrates and judges, their appointment and also their training. Given your particular expertise, what would you like us to consider there? Obviously there are specialist courts in Victoria and there is some training. Nonetheless could we do better in that space, especially for those many Victorians in the criminal justice system who really battle with mental ill health?

Prof. OGLOFF: Yes. I think that those are really important areas, and certainly again over the last couple of decades we have seen a real shift in the courts to having a better understanding of the difficulties. Now, the problem with the courts of course is they are absolutely congested and the remand numbers are up, and we are

seeing that with COVID and we are expecting things to even get worse. But specifically, I think the experiment of the specialist courts has been a very positive one.

Again, in our centre just in the recent time we have done reviews of two areas. One is the, as I mentioned, group conferencing in the Children's Court, and I was surprised—as a long-time researcher—that we had very significant results. So young people who go through the group conferencing process as compared to a traditional judicial process have much better outcomes—much lower rates of offending and better outcomes. Similarly, we evaluated judicial supervision in the Magistrates Court. This is a practice some magistrates take up which involves them meeting—and they are allowed to do this under the act—with people and monitoring their progress. Again, that has turned out to be more positive than I thought.

So the work we do, yes, educating magistrates and judges about the potential effect they can have is positive, and then the specialist courts such as the Drug Court and the ARC list in the Magistrates Court—I think these things are helpful because in many ways they stitch together some of the inadequacies you see in the broader society. As you will have heard from many people who have given evidence, so many of the social plights people experience and their individual problems do not necessarily cause the offending but they contribute to it, and so if there are courts that can take a more restorative justice, therapeutic approach, that can help. It speaks to the issue of this broader integrated system where the courts have a significant role to play.

Dr BACH: Thank you, Professor.

The CHAIR: Thank you. Sheena.

Ms WATT: Thank you, Fiona. Thank you, Professor, for being with us today and for all your significant work. I wanted to go particularly to the Armytage-Ogloff review and ask about a recommendation from that, which I am sure is still fresh in your memory, where you recommended a standalone youth justice act. Can you talk to me about that recommendation—where that came from and your rationale behind that? I think that is particularly of interest to us.

Prof. OGLOFF: Yes. Again, it comes from a time when, as I said, we saw a very disrupted system, and the difficulty was that there was no underlying culture that was uniform across what was then the parts of the youth justice system. And so the difficulty was that the needs of the young people who have committed an offence or are remanded are different from the broader needs of children who have other needs for protection. So the difficulty we saw is that we have a sea of people—and I do not know the numbers now, but say 50 000 young people a year roughly—referred for child protection and we have fewer than 1000 young people on youth justice orders. So the difficulty is that the overarching culture and the problems with the culture of the broader child protection system were really encapsulating the youth justice system, and what was happening was there was not the attention required on that particular population. So our view was that at both the structural level but also the legislative level there needed to be dedicated legislative approaches to work within the population rather than having a broad Act that covers a lot of different things in an overstretched system. So that was essentially the rationale at the time.

Ms WATT: Lovely. I just had a follow-up. We had heard yesterday from the commissioner for victims of crime, and she spoke about vicarious trauma with judges. I just wonder: do you have any recommendations or thoughts for our consideration around vicarious trauma experienced by workforce in the youth justice system or others?

Prof. OGLOFF: Yes. It is a significant problem. Again, in my own background, I was originally trained as a lawyer and worked in law. I have even done work with mental health, and I am a member of the board of a group in Victoria that assists legal people who have mental health problems. So the vicarious trauma within the judiciary but also across the workforce is significant, and it is something I think that we still struggle with. In fact some of my work has been in the wellbeing of prison officers area. We had an ARC linkage grant where we were able to measure and then develop intervention programs for prison officers, which are now used internationally. So the starting point needs to be a recognition, and within the judiciary it is particularly difficult because it is a very lonely sort of job. Some of the approaches that are used have been around mentoring, judicial mentoring and support, and I know certainly in the Magistrates Court they have put a lot of work into this area. And we know that at least two magistrates—I believe this is public knowledge—have taken their own lives. I do not have any idea if that is because of vicarious trauma, but these are stressful areas. So across the criminal justice system it is essential that there are adequate supports.

Also I think the problem is—and you will have heard from so many people—it is such an overstretched system, and as a result of that people are doing work the best they can but under very poor circumstances. A memory I have of the youth justice review was of a young man when we were in Parkville. At one point the young worker, probably—I do not know—early 20s, was hypervigilant, standing against the wall, and I just went and spoke to him for a few minutes. I sort of talked to him, and he said something that stuck in my mind, which was, ‘I never expected I would be, you know, having to hold kids up against a wall’. And so he was wanting to take up that job to help these troubled youth, but then he ended up being in a quasi—I do not know—prisoner officer sort of role.

So it is having adequate support in terms of staff, and again, we have the same issues at forensic here. We are dealing with very difficult populations with a range of issues, and so that is an important point.

The CHAIR: Thank you. Just, hopefully, briefly, because we have got just a few minutes left, do you think it would be of benefit to have more specialist courts?

Prof. OGLOFF: Well, I think there are two answers. One is: the evidence would support that. I think there are questions nationally and internationally about: do you make them so specialised or do you try to have courts which are—because the reality is that with, say, the Drug Court, the problem is, if you look again at, again, mental illness, our data show 75 per cent of people who are in Forensicare, either community or inpatient, have a co-occurring drug problem, and then they also have, often, personality disorders and intellectual disability. So I think the approach more and more is having problem courts which have broader mandates and the service system that goes along with them. So definitely an increase in the number of courts and the resourcing, but if you speak to—and you probably have—people who run those courts, it is: what are the services that can go along with that?

With the judicial monitoring, why I think it works is simply because all the systems are under pressure, and if the service providers know there is a meeting, you know, with the magistrate, everybody is being monitored. It is like the experience earlier on in the state with the multiple and complex needs initiative, if the committee is familiar with that. It was fascinating, because work was done that identified a small number of very high needs, high risk people, and then when the initiatives began, the threshold for getting services was relatively high. It required regions to have plans and try things, and we actually saw a reduction of difficulties just because they were going to be scrutinised. So I think having these courts, even though they cannot direct services in the way that service providers can, has that unintended benefit.

The CHAIR: That is great. And just quickly, could we get the evaluation of that youth worker and police program?

Prof. OGLOFF: Well, we can share the high-level summary. The problem is—and incidentally I think you also heard from Jesuit Social Services, who might have mentioned the children’s group—it is research that has just been finished.

The CHAIR: Okay.

Prof. OGLOFF: So we have the summary, which I am happy to send—

The CHAIR: Thank you.

Prof. OGLOFF: but the paper itself we are not allowed to share. And there is a thesis. But we will certainly send the summary—happy to do that.

The CHAIR: Thank you. Kaushaliya? Tania? Matt?

Ms VAGHELA: I have just one last one. Professor, the Royal Commission into Victoria’s Mental Health System also provided some insights and recommendations pertaining to youth justice. Can you provide your views on its findings and how, you would suggest, this can better address mental ill health in our systems and the community? In your initial remarks you spoke briefly about mental illness.

Prof. OGLOFF: Yes. Again, that is the most important point: the royal commission recommended an integrated youth justice system that parallels, really, the adult system. I mean, it is, again, asinine that we have no system for youth but we do for adults, and we know that without that they are more likely to progress into the adult system. So I cannot answer that question adequately in the time, but essentially it is having a statewide

youth system for forensic mental health. And by forensic mental health we really mean the broad issues affecting young people. Again, like Forensicare, we do not just deal with mental illness; as I just mentioned, we deal with disability, mental illness, substance abuse, personality disorders and related issues, and that is what is missing now. So there are excellent services in this state that deal with particular pieces of the puzzle. So for example, Orygen provide mental health services into the youth justice centre, but they are separate from the rehabilitation services and the alcohol and drug services. So they are essentially getting medication or a brief intervention with mental health but not that integrated system. That is really what is missing, and that is what the royal commission emphasised in its work—and similarly linking that, equipping the children and adolescent services to have a better understanding of the issues. That has happened, for example, at the Alfred in their catchment area; they have a very good adolescent forensic service. But it is integrating these together in the way that, for example, Forensicare is, with a statewide mandate to go across prisons, courts and also the specialist hospitals and community. Thank you.

Ms VAGHELA: Thank you.

The CHAIR: You did that very well, James. That could have taken an hour. Sheena—final question to you.

Ms WATT: I just wanted to say that it was a good answer.

The CHAIR: You are okay? Great. Professor, thank you so much for today. That has just been incredibly illuminating. If you do not mind, we may have some follow-up questions to you. You covered such a broad range of areas, and I think when we start to digest it, there may be some other clarifications or questions. But thank you again. As I mentioned, you will receive a transcript from today. Please have a look and make sure that we have not misheard you or misrepresented you. But I am sure I speak on behalf of the committee: thank you for all the work that you have done and the time you have given us today.

Prof. OGLOFF: Thanks very much for your patience and attention today. It is my pleasure. It is such an important area and such an important piece of work you are doing, and I sincerely appreciate your efforts. Thank you.

The CHAIR: Thank you.

Witness withdrew.