

Dr Sarah Lythgoe

[REDACTED]

[REDACTED]

[REDACTED]

Mob: [REDACTED]

Email: [REDACTED]

Re Submission- Amendment Youth Justice Act 1999

Dear Committee,

12/03/21

I am writing to express my concern re proposed changes to Youth Justice Act, especially around bail provisions. I am a General Practitioner working in a community controlled Indigenous Health Service (AMS).

It is very important to make sure the underlying factors causing Youth crime and recidivism are addressed. The causes are complex. But many relate to underlying poor health status and poverty on a background of dispossession and loss. Many children have a history of psychological trauma, we also see several children who have attention deficit disorder, they often make risky decisions and have frequent behavioural difficulties. Many have other health problems in addition. These children require a multipronged approach, psychological interventions, occupational therapy and specialised educational support to assist them in wise choices and controlling their behaviour. I see many children who are cared for by grandparents who are stressed and very ill themselves they have very little respite. There are a lack of appropriate services and any available services are over-booked. Instead of putting at risk children in to overcrowded watchhouses they need intense specialised culturally appropriate services that are safe and keep the community safe.

Prevention is best and there needs to be investment in community programmes. As General Practitioners in an AMS we are always overbooked. Every day we have added in walk in patients on top of booked appointments, many of these families need prolonged assessments and follow up, paediatricians are overbooked, many are not taking on new patients with long wait lists, Allied health services are very difficult to access. The NDIS is unnecessarily bureaucratic. Through Medicare good Allied health services frequently charge huge gap payments so are functionally inaccessible. It is difficult to get an Occupational Health assessment and minor sensory processing disorders are missed and untreated. Newer interventions are not available to poor troubled families who need support to even attend a therapy appointment transport and an indigenous support worker. There are good models and programmes and good clinicians who work privately but the need is huge. Youth services require more funding to provide care at all levels to families, as do the health services, so that there is easy access to appropriately trained youth psychologists, occupational therapy and play therapy plus educational support.

Yours sincerely

Dr Sarah Lythgoe

MB ChB, FRACGP, MRCGP

DGM, DTM&H, MPH