Youth Justice Reform Select Committee inquiry into youth justice reform in Queensland

Submission No: 77

Submitted by: Queensland Health Victim Support Service, Metro North Mental Health

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Attachments: No attachment

Submitter Comments:

My name is Sally Nahak, Acting Director, Queensland Health Victim Support Service (QHVSS). The QHVSS is a state-wide specialist service that supports victims of personal violent crime across Queensland, where the offender has a mental illness or intellectual impairment, and the offences are referred to the Mental Health Court. In terms of governance, QHVSS sits within Metro North Mental Health, Queensland Health. We have identified several factors in relation to the Youth Justice Reform Select Committee Terms of Reference that we would like to be considered. Trauma Informed Care: The trauma informed care principles need to be applied for young offenders and victims, particularly in managing the response to victims of crime. We ensure our processes and systems all incorporate trauma informed principles and we hope the Committee consider the offender's trauma history and opportunities to provide therapeutic support to the young person to address their trauma. Specifically, we have challenges when assisting victims with accessing Mental Health Court hearings in relation to young offenders. When a hearing is scheduled in relation to offences committed by a young person, the court is closed therefore the victim has reduced access to details of the hearing and outcomes. We would like the Committee to consider undertaking collaboration with the Director of Public Prosecutions and Forensic Child Youth Mental Health Services in this area. We would like to encourage the committee to incorporate the Victims of Crime Assistance Act 2009 (QLD) (VOCA Act), specifically the Charter of Victims' Rights (schedule 1AA), and work collaboratively with the Interim Victims Commissioner QLD in improving systems and a meaningful response for victims of crime. Specifically, identification of needs and timely referral to appropriate services is essential. To ensure this occurs, there could be measurable outcomes for the Committee's effectiveness in relation to victims of crime experience of support following offences.

Restorative Practise: There is the potential for improvements with a restorative practise lens in the mental health setting in relation to young offenders and persons harmed. We understand there are currently programs in place with a restorative lens to address offending behaviour, however we would like to encourage prioritisation of the programs incorporating the impact on victims of crime.

QHVSS is a unique service in the mental health setting and as such we are motivated to support community capacity and build an increase in understanding of the victims' experience and needs following an offence. We endeavour to work in close partnership with agencies and stakeholders and maintain our responsibility to provide education and consultation to promote the awareness of victims' rights and needs. We recognise there are multiple barriers to a restorative response and note the challenges in supporting behaviour change without capacity building around persons harmed. Lived experience contribution: We recognize the lived experience of people living with mental illness, problematic alcohol and other drug use, as well as those impacted by suicide and trauma, their families, carers and support people. We respect and value their opinions and their input into service delivery and change. As such we consider it essential to incorporate their voice and perspective into service delivery and service improvement. We would like the Committee to consider representation from victims of crime, organizations providing support, and/or establishing an opportunity for those impacted by youth crime to contribute to the discussion regarding the Committee and the TOR. We look forward to working together with the Committee to discuss strategies and opportunities for improving systems and the victim experience in relation to youth crime in the mental health context.