

CHANGING DIRECTION: MENTAL HEALTH NEEDS OF JUSTICE-INVOLVED YOUNG PEOPLE IN AUSTRALIA



UNSW
SYDNEY



Kirby Institute



Curtin University



THE UNIVERSITY OF
WESTERN
AUSTRALIA

Cover artwork by Waverley Corunna, 18 years.

"The 4 different sections represent the 4 different parts of ourselves. Mental health, physical health, sexual health and spiritual health. Blue is the Colour of water to flow with life and Life is not so black and white we live in a grey area."

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Disclaimer

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MENTAL HEALTH

“A state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”¹

SOCIAL AND EMOTIONAL WELLBEING

“Social and emotional wellbeing recognises the importance of connection to land, culture, spirituality, ancestry, family and community, and how these affect the individual.”²

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South-East Queensland

- Inala Youth Service
- Kurbingui Youth Development Ltd
- Ted Noffs Street University Southport
- Ted Noffs Street University Caboolture
- Ted Noffs Street University Logan

Regional Queensland

- Queensland Youth Service Townsville
- Townsville Flexible Learning Centre
- YETI Cairns

Perth Metropolitan

- Alta-1 Canningvale
- Alta-1 Malaga
- Alta-1 Merriwa
- Alta-1 Mullaloo
- Altone Youth Centre
- Bassendean Youth Centre
- Clarkson Youth Centre
- Cockburn Youth Centre
- Comet School Clarkson
- Drug and Alcohol Youth Services (DAYS) - Carlisle
- Dungeon Youth Centre Ballajura
- Hainesworth Youth Centre
- Indigo Junction - Midland
- Swan City Youth Centre
- The Cool Room - Ellenbrook
- The Zone - Kwinana
- White Lion - Balga
- White Lion - Cullabardee
- Yanchep Youth Centre
- Youth Futures - Clarkson

Regional Western Australia

- Albany PCYC
- Albany SAC
- Bunbury PCYC
- Fairbridge Community College - Pinjarra
- Geraldton PCYC
- Kaata-Koorliny Employment and Enterprise Development Aboriginal Corporation-Narrogin
- Northam PCYC
- South Metro Youth Link (SMYL) - Collie
- Tambellup



- Young people in contact with the justice system³ represent some of the most vulnerable and disadvantaged Australians.
- This report presents preliminary findings on the mental health of 465 justice-involved young people, based on a survey conducted in Queensland and Western Australia, between 2016 and 2018.
- Three-quarters (75%) of those surveyed had experienced some form of abuse (i.e. physical, verbal, emotional, financial, or neglect).
- Almost half (44%) of those surveyed reported that they had experienced a head injury that resulted in loss of consciousness.
- Twenty-three percent of young people surveyed reported that they had ever attempted suicide, compared with 4% of their peers in the general population.
- Thirty-five percent of young people surveyed reported having ever self-harmed, compared with 14% of their peers in the general population.
- Mental distress, mental disorder, and suicide and self-harming behaviours were particularly high among young females, those who had experienced abuse, and those who had experienced a head injury.
- Findings highlight the need for holistic, trauma-informed social and health care interventions for justice-involved young people.
- Priority should be given to preventing, identifying and intervening to reduce the abuse that justice-involved young people experience.
- Facilitating health services utilisation among young people in, or at risk of, contact with the justice system is paramount, as is ensuring that adequate and trauma-informed treatment for mental health and substance use problems are delivered in a wide range of accessible contexts.



Artwork by Keenan Kie, Street University, Southport

³ Young people in contact with the justice system, hereafter 'justice-involved', refers to any past or current contact with the criminal justice system including the police, courts, youth justice, or adult corrections.



This report presents initial findings on the mental health of 465 justice-involved young people. Findings are drawn from a wider survey of the mental, sexual and reproductive health of young people in contact with the justice system (MEH-JOSH study) conducted in Queensland and Western Australia between 2016 and 2018.

Objectives of the survey

This survey aimed to overcome key knowledge gaps in relation to justice-involved young people who are often underrepresented in, or excluded from, research and community surveys. Information arising from this survey, some of which is presented in this report, should assist health services providers, policy makers and community organisations to plan appropriate public health responses for young people who are both at risk of or currently involved in the justice system.

This report presents key findings on mental health issues and disorders among justice-involved young people (14-17 years of age). Findings are compared to data from Young Minds Matter: The Second Australian Child and Adolescent Survey of Mental Health and Wellbeing, where possible, to highlight differences between young people in contact with the justice system and the general population of the same age.

Methods

This report covers the following:

- Socio-demographics
- History of justice system involvement
- Experiences of non-sexual abuse
- General health
- Psychological distress (Kessler-10) and Emotional and Behavioural Difficulties (Strengths and Difficulties Questionnaire).
- Mental Health (Mini International Neuropsychiatric Interview (MINI) Kid 6.0) - major depression, attention deficit hyperactivity disorder (ADHD), post-traumatic stress disorder (PTSD), and alcohol abuse and dependence.
- Self-harm and suicidal behaviours
- Alcohol, tobacco and other drug use
- Mental health service utilisation
- Age matched comparison data from Young Minds Matter, where available.

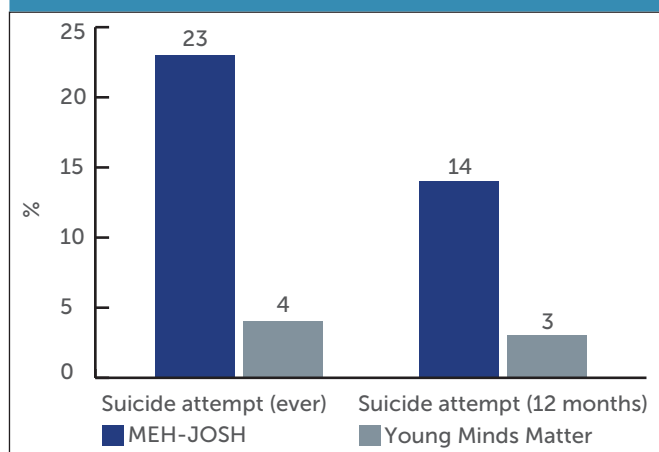
Characteristics of young people surveyed

- Males made up 63% of the sample.
- Young people of Aboriginal and/or Torres Strait Islander descent made up 44% of the sample.
- Two-thirds (67%) of the sample were enrolled in school (including flexi-schools and community colleges), vocational or other training.
- One-third of the sample (33%) had been detained in prison, juvenile detention or a police watch-house.
- Theft and related offences were the most common offence category that resulted in justice contact for 40% of the sample.

Key findings

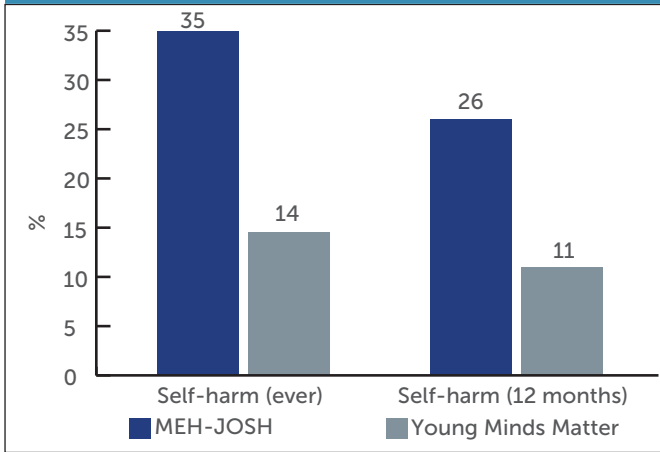
- Three-quarters of the sample (75%) reported that they had experienced some form of non-sexual abuse (i.e. physical, verbal, financial, emotional or neglect).
- Almost one-half (44%) of young people had experienced at least one head injury with a loss of consciousness in their life.
- Over half (54%) of the justice-involved young females reported high or very high levels of psychological distress; much higher than their female counterparts in the Australian community (35%).
- The rate of high or very high psychological distress was twice as high in justice-involved young males (33%) compared with young males in the community (17%).
- A higher proportion of justice-involved young people scored in the abnormal range on Total Difficulties in the Strengths and Difficulties Questionnaire (SDQ) compared with young people in the community (30% versus 12%).
- Of those surveyed, 23% reported having ever attempted suicide, and 14% reported that they had made a suicide attempt in the past 12 months.
- Rates of having ever attempted suicide were nearly six times as high among justice-involved young people compared with their peers in the general population (Figure 1).

FIGURE 1. Rates of suicide attempts among justice-involved young people, compared to findings from the Young Minds Matter survey



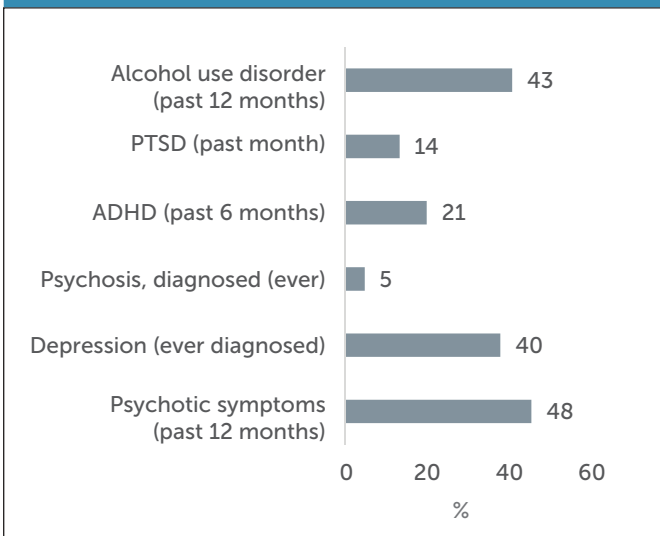
- Of those surveyed, 35% indicated that they had ever self-harmed, and 26% had self-harmed in the past 12 months. This is more than twice as common as their peers in the general population (Figure 2).

FIGURE 2. Rates of self-harm among justice-involved young people, compared to findings from the Young Minds Matter survey



- Rates of mental disorder, including alcohol use disorders, were high among this sample (Figure 3).
- One-third (33%) met diagnostic criteria for two or more mental disorders assessed.

FIGURE 3. Proportion of individuals with mental disorders and psychotic symptoms in the past 12 months



- Mental health problems were more common among females than males, those who had experienced abuse (excluding sexual abuse), and those who had sustained a head injury (Figures 4-6).

FIGURE 4. Proportion of individuals with mental health problems by gender

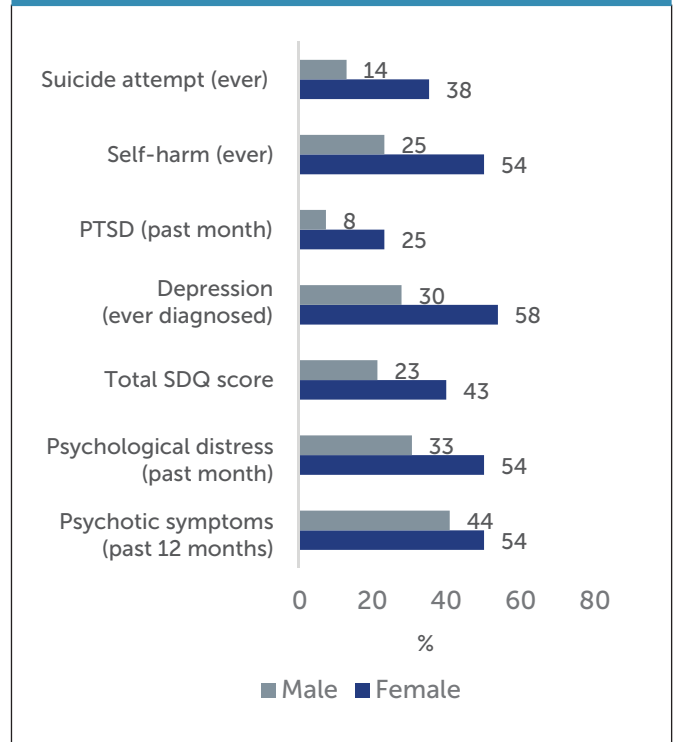


FIGURE 5. Proportion of individuals with mental health problems in relation to experiences of abuse (statistically significant differences shown)

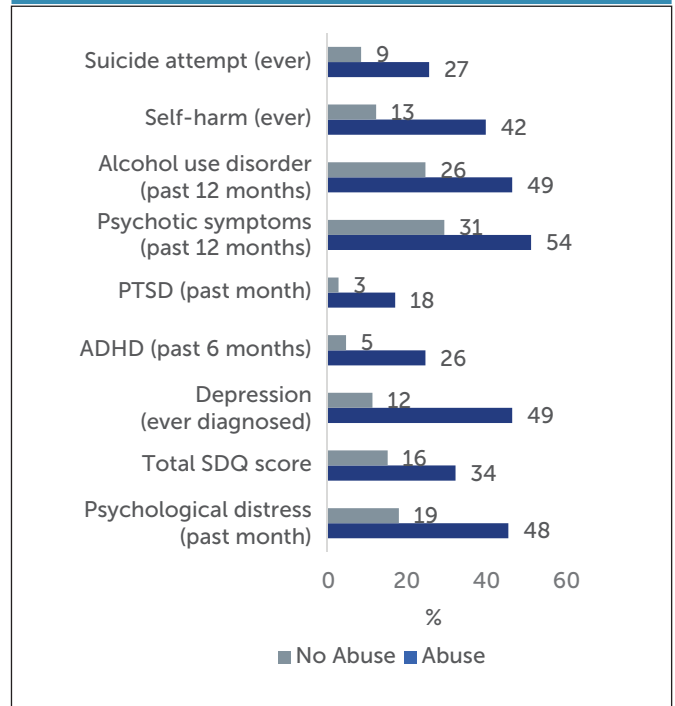
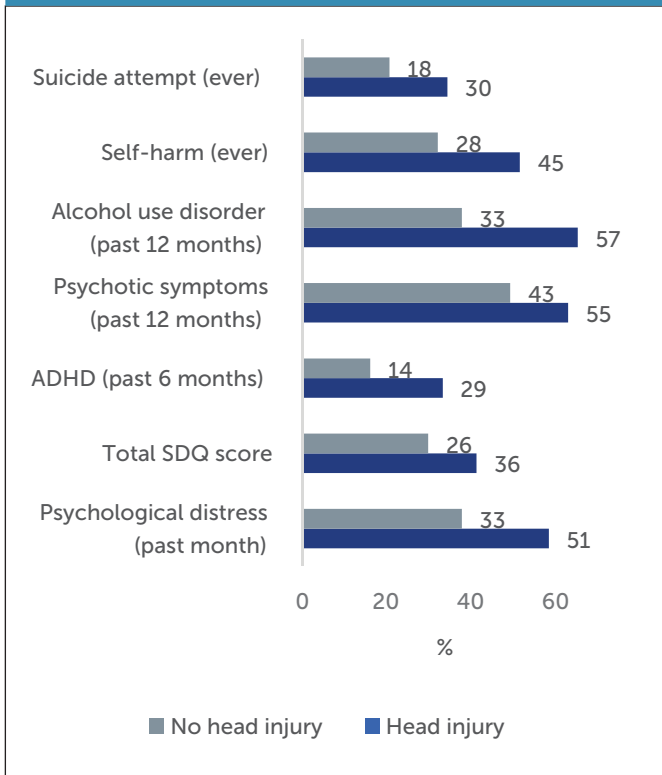
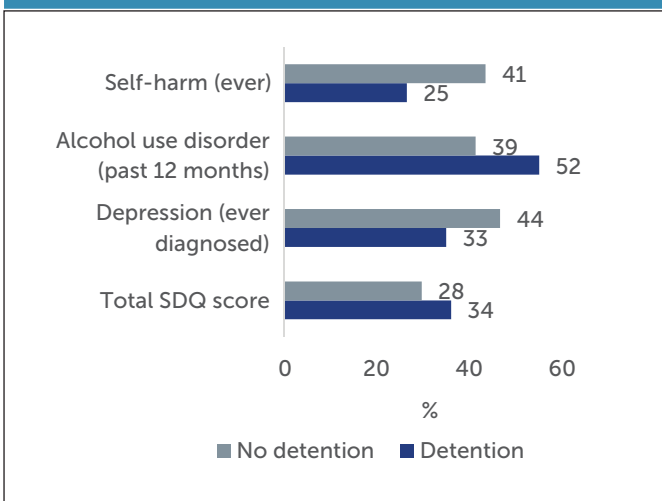


FIGURE 6. Proportion of individuals with mental health problems in relation to exposure to head injury (statistically significant differences shown)



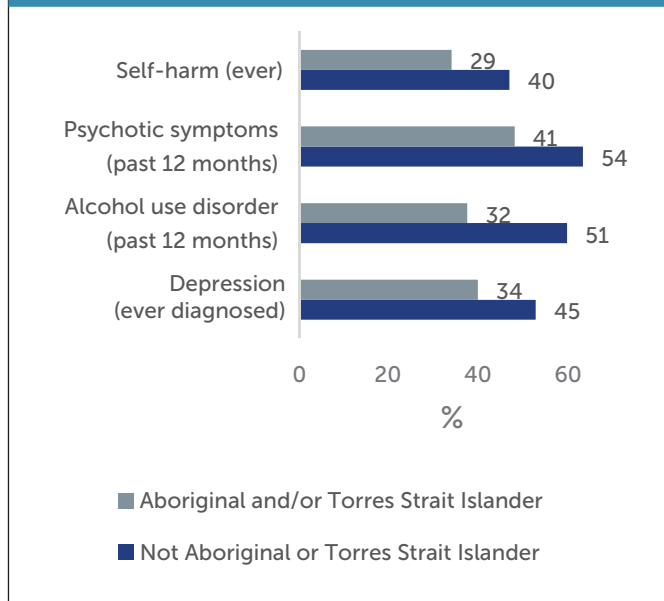
- Having experienced detention (i.e. been detained in prison, juvenile detention or a police watch-house) was associated with higher rates of alcohol use disorder and emotional and behavioural difficulties (measured by the Strengths and Difficulties Questionnaire), but lower rates of depression or having ever self-harmed than those who had not been detained. This should be understood in the context of overall high levels of mental disorder among this population (Figure 7).

FIGURE 7. Proportion of individuals with mental health problems by experience of detention (statistically significant differences shown)



- Aboriginal and/or Torres Strait Islander young people had lower rates of self-harm, symptoms of psychosis, alcohol use disorder and depression, than non-Indigenous young people in the sample (Figure 8).

FIGURE 8. Differences in the proportion of individuals with mental health problems among Aboriginal and Torres Strait Islander young people (statistically significant differences shown)



- Under one-third (30%) of young people surveyed reported that they had utilised a health service for emotional or behavioural problems in the past 12 months.
- Mental health services utilisation was higher among those with mental health problems, females, those who had experienced non-sexual abuse, and those who had sustained a head injury.

Limitations

- The study utilised a non-random sampling strategy, which limits the generalisability of the findings to all justice-involved young people.
- The study is cross-sectional and observational; thus, it is not possible to imply causality regarding relationships between variables.

Conclusions and Recommendations

- Findings highlight the substantial co-occurrences of mental ill-health, experiences of abuse, head injury, and justice involvement.
- Disproportionately high rates of suicide attempts and self-harm, especially among justice-involved young females, are of particular concern.
- Findings highlight the need for holistic, trauma-informed social and health care interventions for young people in, or at risk of, contact with the justice system.
- Priority should be given to preventing, identifying and intervening to reduce abuse that young people experience.
- Facilitating health services utilisation among young people in, or at risk of, contact with the justice system is paramount, as is ensuring that trauma-informed treatment for mental health problems are delivered in a range of contexts where these young people could be reached.

PART 1

Background

1. INTRODUCTION



This report presents the mental health findings from the MEH-JOSH study, a survey of the mental health, sexual health and reproductive health of young justice-involved Queenslanders and Western Australians, between 14 and 17 years of age.

Young people in contact with the justice system represent some of the most vulnerable and disadvantaged Australians. This population is recognised as having high rates of mental illness^{4 5 6}, experiencing disproportionately high rates of trauma and social disadvantage, and being disengaged from health services⁷. Promoting good mental health for this group is important in preventing and ameliorating the effects of justice system involvement; improving outcomes for individuals, families and communities; and enabling all of them to fully and actively participate within society.

This survey aimed to overcome key knowledge gaps in relation to justice-involved young people in the community who are often underrepresented in, or excluded from, research and community surveys. Information arising from this survey, some of which is presented in this report, should assist health services providers, policy makers and community organisations to plan appropriate public health responses for young people who are both at risk of becoming involved in the justice system or are currently involved in it. These findings complement and extend the findings of existing Australian population studies, including *Young Minds Matter: The Second Australian Child and Adolescent Survey of Mental Health and Wellbeing (YMM)*. Comparative data from these surveys are presented throughout. Taken together, these surveys deepen our understanding of young Australians' mental health and its importance to the social, health and economic well-being of Australia's young people.

2. OBJECTIVES



The objectives of this report are to:

1. Describe the prevalence and significant associations of mental health issues among justice-involved young people (14-17 years of age).
2. Compare the self-reported mental health of young people in contact with the justice system with their peers in the Young Minds Matter: Second Mental Health Survey of Australian Children.



"The 4 circles represent mental health, sexual health, relationships and physical health and the circle in the middle represents the person/young person. The lines link these different parts to the whole person." Chloe Calyon – 17 years

4. Indig D, Vecchiato C, Haysom L, et al. 2009 NSW Young People in Custody Health Survey: Full Report. Sydney: Justice Health and Juvenile Justice. 2011.

Available at: <http://www.justicehealth.nsw.gov.au/publications/ypichs-full.pdf>

5. Teplin LA, Abram KM, McClelland GM, et al. Psychiatric disorders in youth in juvenile detention. Archives of general psychiatry 2002; 59(12): 1133-43.

6. Vermeiren R, Jaspers I, Moffitt T. Mental health problems in juvenile justice populations. Child and adolescent psychiatric clinics of North America 2006; 15(2): 333-51.

7. World Health Organization. Sexual Health, Human Rights and the Law. Geneva: World Health Organization. 2015.

Available at: http://apps.who.int/iris/bitstream/handle/10665/175556/9789241564984_eng.pdf;jsessionid=1DA4FE50BDED3BF6F78357828F49E40C?sequence=1



3.1 Study design

This cross-sectional study adopted a non-randomised (purposive) sampling strategy.

3.2 Study sample

Young people in the community, aged between 14 and 17 years, who had ever been in contact with the justice system were recruited between June 2016 and August 2018 in Queensland and Western Australia.

3.3 Data collection

Participants were recruited through four channels: (i) referrals by program organisers in community youth-based organisations (see acknowledgements); (ii) recruitment of young people outside Magistrates Courts on days when the Childrens Court was in session; (iii) referrals by project coordinators of drug and alcohol services operated by the Western Australia Department of Health; and (iv) referrals by administrators, principals and teachers of independent or flexi-learning schools and community colleges of young people who met the study criteria.



Project Investigator Jocelyn Jones

3.4 Survey

The survey was anonymous and delivered using a Computer Assisted Telephone Interview (CATI) by a trained telephone interviewer and took on average approximately 40 minutes to complete. Participants, except those recruited from the Magistrates Court, were given \$50 cash or a gift card on completion of the survey to reimburse them for their time.

The survey collected the following information on participants and their mental health and wellbeing:

- Socio-demographics
- History of justice system involvement
- Experiences of non-sexual abuse
- Self-assessed health (SF-1 - Question 1 of the Short Form-36 measure of overall general health status)⁸
- Kessler 10 psychological distress scale (K10)⁹
- Strengths and Difficulties Questionnaire (SDQ)¹⁰
- Head injury resulting in a loss of consciousness
- Self-harm and suicidal behaviours
- Mini International Neuropsychiatric Interview (MINI) Kid 6.0 diagnostic modules for major depression, attention deficit hyperactivity disorder (ADHD), post-traumatic stress disorder (PTSD), alcohol abuse and dependence¹¹
- Experiences of psychotic symptoms, and diagnosis
- Substance use (including tobacco smoking)
- Mental health service utilisation¹²
- Survey feedback

3.5 Post-survey

All participants were given exit interviews immediately after they completed the survey to ensure they were not adversely impacted by the questions. The study provided a combination of mental health service referrals: a 1800 free telephone number provided by the study and staffed by a qualified mental health nurse, available 24 hours 7 days a week; in-house mental health or drug use counselling services provided by the community-based organisation who had referred the young person; outside mental health services provided by community and government mental health services; and mental health services available on the Internet or telephone helpline.

Referrals for sexual health services included their family general practitioner, Aboriginal Medical Services, or local sexual health clinic. Information sheets and service brochures were developed for the project which clearly stated the name of the mental health or sexual health service, its location, website, email, and emergency, contact and helpline numbers. The most requested post-interview referral was for HPV vaccinations.

3.6 Analysis

This report contains an analysis of survey data, focussing on high level aggregate findings related to demographics, experiences of abuse, justice system involvement, head injury, mental health, and their associations in justice-involved young people in Queensland and Western Australia. Key descriptive and statistically significant bivariate associations are presented. Statistically significant associations were identified using a Chi-squared test ($p < 0.05$). Original data were obtained from the 2014 *Young Minds Matter: The Second Australian Child and Adolescent Survey of Mental Health and Wellbeing* (YMM) for comparison. YMM is based on a probability sample of young people aged between 4 and 17 years old drawn from 5,500 randomly sampled families in Australia.¹³ Of the total, data on 2,004 young people in the YMM survey aged between 14 and 17 years were used as a comparator with MEH-JOSH results. Selected information broken down by state and gender are presented in the Appendix.

3.7 Participant feedback

Given the potentially sensitive nature of the topics covered in the survey, participants were asked how embarrassing they found the survey and whether they would do it again. Overall, the majority (89%) of survey respondents reported finding the mental health and sexual health questionnaire either slightly or not at all embarrassing. Of the total surveyed, 84% said they would do the survey again, while 10% were unsure or undecided.

8. Ware JE, Kosinski M, Keller SD. SF-36 Physical and mental health summary scales: A user's manual. Boston, MA: The Health Institute, 1994.

9. Kessler RC, Andrews G, Colpe LJ, et al. Short screening scales to monitor population prevalences and trends in nonspecific psychological distress. *Psychol Med* 2002;32(6):959-76.

10. Goodman R. The Strengths and Difficulties Questionnaire: a research note. *Journal of child psychology and psychiatry, and allied disciplines* 1997;38(5):581-6.

11. Sheehan D, Lecrubier Y, Harnett-Sheehan K, et al. Reliability and Validity of the M.I.N.I. International Neuropsychiatric Interview (M.I.N.I.): According to the SCID-P. *European Psychiatry* 1997;12:232-41.

12. Questions based on the Young Minds Matter Survey.

13. Hafekost J, Lawrence D, Boterhoven de Haan K, et al. Methodology of Young Minds Matter: The second Australian Child and Adolescent Survey of Mental Health and Wellbeing. 2016;50(9):866-75. doi: 10.1177/0004867415622270

PART 2

Health and Demographic
Profile of Justice-Involved
Young People

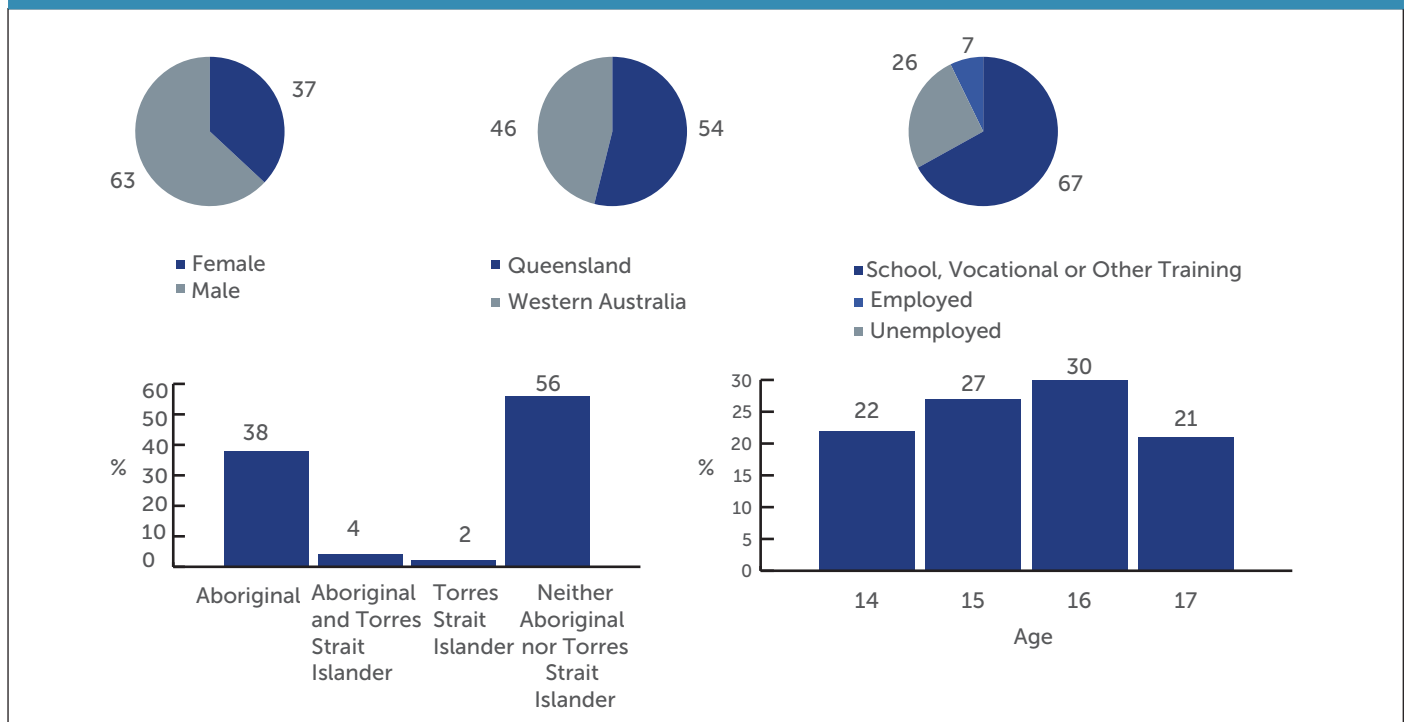


4.1 Socio-demographics

A total of 465 young people completed the survey. The sample was evenly split across Queensland and Western Australia (Figure 9). Young people of Aboriginal and/or Torres Strait Islander descent were overrepresented in the survey sample relative to the general population (44% versus 8% in the Queensland and Western Australian population of the same age¹⁴) and appear to be oversampled relative to the population of youth offenders¹⁵.

Approximately two-thirds (67%) of those surveyed were enrolled in school, vocational or other training. Just over one-quarter (26%) were not enrolled in school and were unemployed.

FIGURE 9. Sociodemographic characteristics



4.2 Justice system involvement

Overall, one third of the sample had contact with the justice system involving incarceration in a juvenile detention facility, police watch-house or adult prison as the most serious sanction¹⁶ (Table 1). Males were more likely than females to have contact involving incarceration in both Queensland (48% vs 37%) and Western Australia (24% vs 16%) (see Appendix). Over three-quarters of the sample had justice system contact that involved a less serious penalty such as a fine, bond or police warning.

TABLE 1: Type of contact with justice system, ever experienced and by most serious type

Type of contact with justice system	Ever		Most serious	
	n	% ¹	n	% ²
Detention	154	33	154	33
Community-based supervision	172	37	71	15
Penalty without detention	399	86	215	46
Other	34	7	25	5

¹Multiple responses allowed, column adds to more than 100%. ²Most serious contact with justice system.

14. Australian Bureau of Statistics (2016). 3238.0.55.001 – Estimates of Aboriginal and Torres Strait Islander Australians, June 2016. Available at: <http://www.abs.gov.au/ausstats/abs@.nsf/mf/3238.0.55.001http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/3238.0.55.001main+features1June%202016>

15. Australian Bureau of Statistics (2017) 4519.0 – Recorded Crime – Offenders, 2015–16, May 2019. Available at: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4519.02015-16?OpenDocument>

16. Note that at the time of the survey, 17 year olds could be detained in adult correctional facilities in Queensland.

The most common offence category reported by young people in relation to each contact type was theft (40%), followed by acts intended to cause injury (25%), and burglary offences (14%) (Table 2).

TABLE 2: Contact with the justice system by offence category

Type of contact with justice system	n	% ¹
Theft and related offences	186	40
Acts intended to cause injury	116	25
Unlawful entry with intent/burglary, break and enter	67	14
Public order offences	63	14
Robbery, extortion and related offences	55	12
Property damage and environmental pollution	55	12
Illicit drug offences	44	9
Offences against government procedures, governments security and government operations	29	6
Traffic and vehicle regulatory offences	23	5
Abduction, harassment and other offences against the person	13	3
Fraud, deception and related offences	7	2
Miscellaneous offences	5	1
Sexual assault and related offences	4	1
Prohibited and regulated weapons and explosives offences	4	1
Dangerous or negligent acts endangering persons	3	1

¹Percentages do not add up to 100 as more than one offence type could be reported.

4.3 Experiences of abuse.

Three-quarters (75%) of those surveyed had ever experienced some form of non-sexual abuse (Table 3), most commonly verbal abuse (65%) followed by physical abuse (56%).

TABLE 3: Experiences of abuse, excluding sexual abuse

Abuse type	n	%
Physical abuse ¹	250	56
Limit access to friends or family ²	138	30
Verbal abuse ²	296	65
Limit knowledge or access to money ³	112	25
Any abuse (above) ²	344	75

¹Missing=16; ²Missing=8; ³Missing=9

4.4 Head injury

Of those surveyed, 202 (44%) reported that they had experienced at least one head injury resulting in a loss of consciousness.

4.5 Health and wellbeing

The majority of young people surveyed (79%) reported excellent, very good or good overall health (Table 4).

TABLE 4: Self-assessed health

		n	% ¹
SF-1	Excellent, Very Good or Good	365	79
	Fair or Poor	98	21

¹Missing=2

PART 3

Prevalence of
Mental Disorders
and Substance Use



5.1 Psychological distress

The Kessler 10 Psychological Distress Scale (K10) is a widely used measure of psychological distress which correlates with the presence of depressive or anxiety disorders¹⁷. Justice-involved young people showed overall higher levels of psychological distress compared with young people of a similar age from the *Young Minds Matter Survey of Australian young people*. Of the justice-involved young people who were surveyed, 40% reported experiencing high or very high levels of psychological distress in the past four weeks, indicating likely presence of a depressive or anxiety disorder, compared to 26% of their peers in the general population (Table 5).

Rates of psychological distress differed by gender. Over half (54%) of the justice-involved females reported high or very high levels of psychological distress. This figure is much higher than their female counterparts in the Australian community, for whom 35% experience high or very high levels of psychological distress. Rates of high or very high levels of psychological distress among young justice-involved males (33%) were nearly twice as high as for males of the same age in the community, for whom 17% reported high or very high levels of psychological distress.

Young females had higher overall levels of psychological distress than their male counterparts (Table 5). Experiences of non-sexual abuse, and having sustained a head injury were also associated with higher levels of psychological distress (Table 6).

TABLE 5: Rates of psychological distress by gender

Kessler psychological distress scale (K10)	Female ¹ %	Male ² %	n ³	Total %	YMM ⁴ %
Very high	33	13	91	20	10
High	21	20	93	20	16
Moderate	24	27	116	26	30
Low	23	41	154	34	45

¹Missing=4; ²Missing=7; ³Missing=11; ⁴YMM: Young Minds Matter

TABLE 6: Significant associations of psychological distress

Kessler psychological distress scale (K10)	Abuse ¹ %	Head Injury ² %	Total %	YMM ³ %
Very high	24	27	20	10
High	24	24	20	16
Moderate	27	24	26	30
Low	25	26	34	45

¹Missing=19; ²Missing=10; ³YMM: Young Minds Matter

5.2 Emotional and behavioural difficulties

The Strengths and Difficulties Questionnaire (SDQ) is a measure of emotional and behavioural strengths and difficulties experienced over the last six months, and comprises five subscales, including emotional problems, conduct problems, hyperactivity problems and peer problems. It has been found to be a valid screening tool for mental health problems in Australian children.^{18 19 20} Scores in the abnormal range indicate a substantial risk of clinically significant problems in that area²¹. Table 7 highlights consistently higher rates of emotional and behavioural difficulties in the abnormal range among survey participants than among the general population on all subscales, suggesting that a higher proportion of young people in this study had clinically significant problems in those areas than the general population of the same age. Overall, the proportion of young people in this study who scored in the abnormal range was almost three times as high as in the general population. The proportions with conduct problems and peer problems were particularly elevated compared to the general population, but they also had about one and a half times the rate of emotional problems and hyperactivity problems.

- Lawrence D, Johnson S, Hafekost, J, et al. (2015) The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. Dept. of Health, Canberra.
- Hafekost J, Lawrence D, Boterhoven de Haan K, et al. Methodology of Young Minds Matter: The second Australian Child and Adolescent Survey of Mental Health and Wellbeing. 2016;50(9):866-75. doi: 10.1177/0004867415622270
- Mathai J, Anderson P, Bourne A. Comparing psychiatric diagnoses generated by the Strengths and Difficulties Questionnaire with diagnoses made by clinicians. The Australian and New Zealand journal of psychiatry 2004;38(8):639-43. doi: 10.1080/j.1440-1614.2004.01428.x [published Online First: 2004/08/10]
- Mellor D. Normative data for the strengths and difficulties questionnaire in Australia. Australian Psychologist. February 2011. <https://doi.org/10.1080/00050060500243475>
- Lawrence D, Johnson S, J, et al. The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. Dept. of Health, Canberra. 2015.

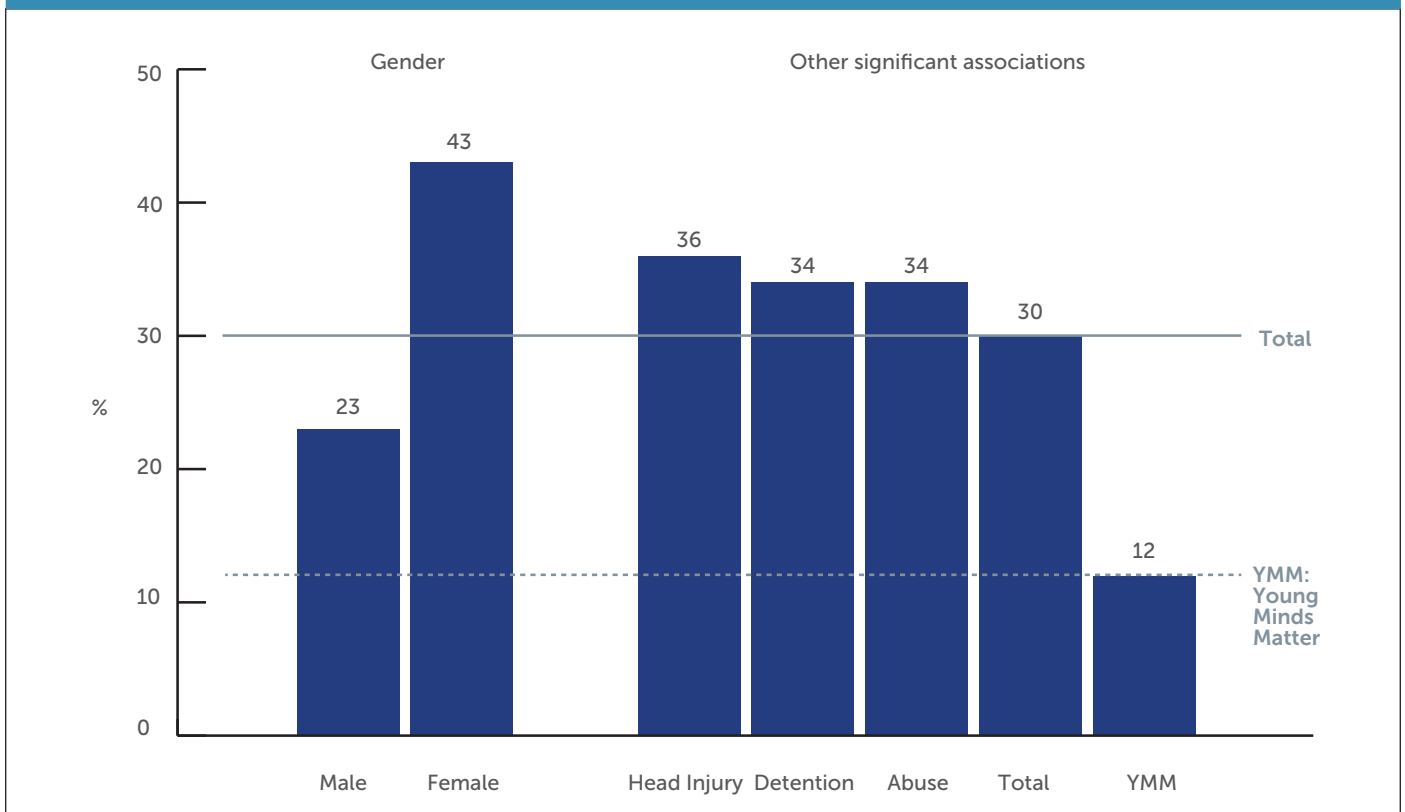
TABLE 7: Emotional and behavioural problems, Strengths and Difficulties Questionnaire (SDQ)

Strengths and Difficulties Questionnaire	Abnormal range		
	n	%	YMM ¹ %
Emotional problems score	105	23	14
Conduct problems score	176	38	8
Hyperactivity score ²	125	27	17
Peer problems score ²	56	12	5
Total Difficulties Score ²	139	30	12

¹YMM: Young Minds Matter; ²Missing=1

Young females were most likely to have a total difficulties score in the abnormal range (Figure 10). In comparison to young males, for whom 23% fell in the abnormal range, 43% of young females had a total difficulties score in the abnormal range. Young people who had sustained a head injury, experienced abuse or had been in detention were also more likely to have total difficulties scores in the abnormal range.

FIGURE 10. Percentage of young people with SDQ total difficulties scores in the abnormal range for significantly associated variables



5.3 Mental Disorder

Prevalence of major depression, attention deficit hyperactivity disorder (ADHD), post-traumatic stress disorder (PTSD), and alcohol abuse and dependence (alcohol use disorder; AUD), were assessed using the M.I.N.I International Neuropsychiatric Interview for Children and Adolescents 6.0 (MINI Kid)²². The MINI Kid consists of a series of brief structured diagnostic interviews for the major psychiatric disorders, based on DSM-IV and ICD-10 psychiatric disorders in children and adolescents. Overall, high rates of mental disorder, including psychotic like symptoms were identified in this population (Table 8).

Of those who answered a screening question relevant to the disorder, 43% met criteria for a DSM-IV alcohol use disorder (dependence or abuse), 40% met criteria for past or current major depressive episode, 21% met the criteria for ADHD in the past six months and 14% met the criteria for current PTSD. Almost half of those surveyed (48%) had experienced at least one psychotic symptom in the past 12 months. These rates are not directly comparable to those identified in comparison surveys, such as Young Minds Matter, due to differences in the time scales over which the diagnosis was measured. Nonetheless, the rates among justice-involved young people in this population appears to be high²³.

22. Sheehan DV et al. Reliability and validity of the Mini International Neuropsychiatric Interview for children and adolescents (MINI Kid). *J Clin Psychiatry* 2010;71(3):313-326

23. Lawrence D, Johnson S, Hafekost, J, et al. (2015) *The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing.* Dept. of Health, Canberra.

TABLE 8: Prevalence of mental disorders and psychotic symptoms

Mental disorder	n	%
Depression (past or current) ¹	186	40
ADHD (past 6 months) ²	95	21
PTSD (current) ³	66	14
Any psychotic symptoms (past 12 months) ²	221	48
Ever diagnosed by a doctor with psychosis or prescribed anti-psychotic medication ⁴	23	5
Alcohol Use Disorder ⁵	197	43

¹Missing=4; ²Missing=5; ³Missing=6; ⁴Missing=5; ⁵Missing=9

One-third of those surveyed (33%) met the diagnostic criteria for two or more mental disorders (Table 9).

TABLE 9: Prevalence of co-morbid mental disorder

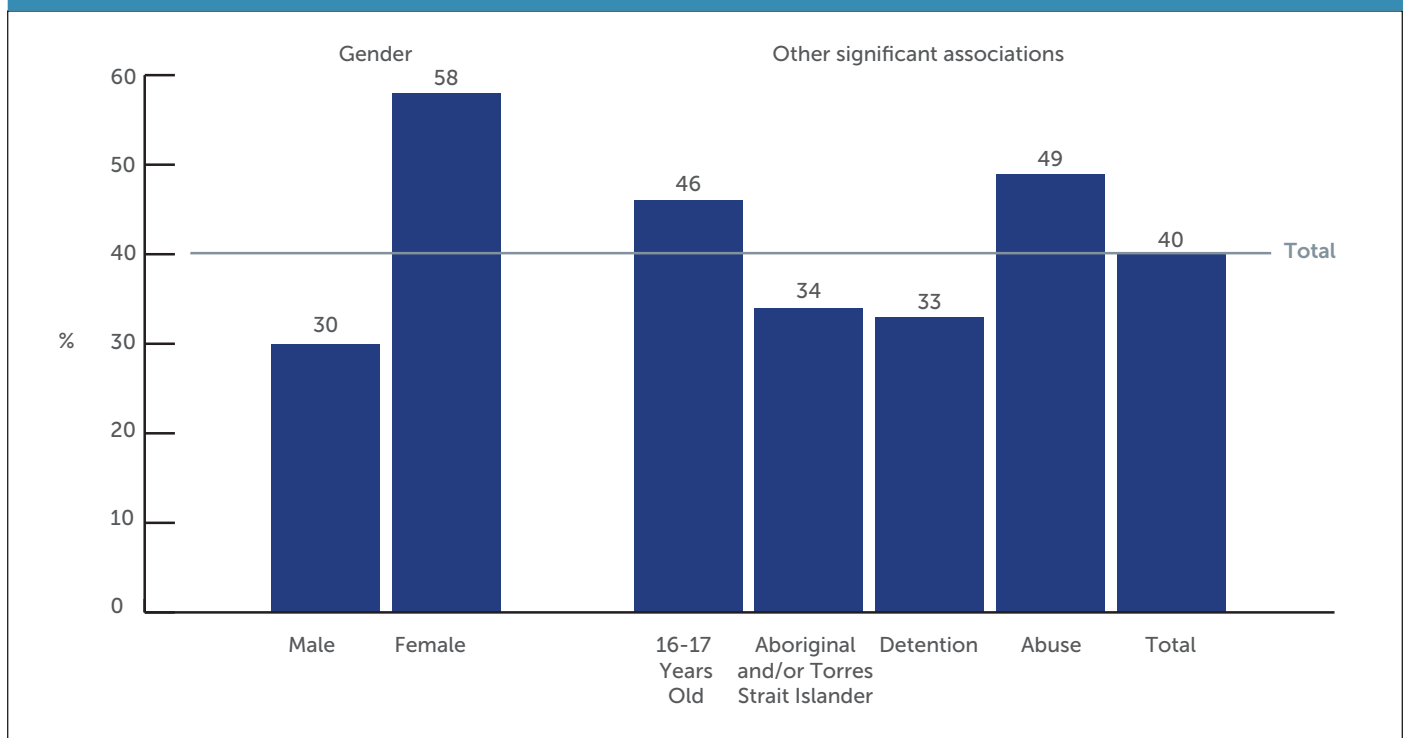
Mental disorder frequency	n	% ¹
0 disorders	158	34
1 disorder	149	32
2 disorders	85	18
3 disorders	55	12
4 disorders	15	3

¹Missing=3

5.3.1 Depression

Depression was significantly associated with gender, age, Aboriginal and/or Torres Strait Islander identity, experience of detention and experience of non-sexual abuse (Figure 11).

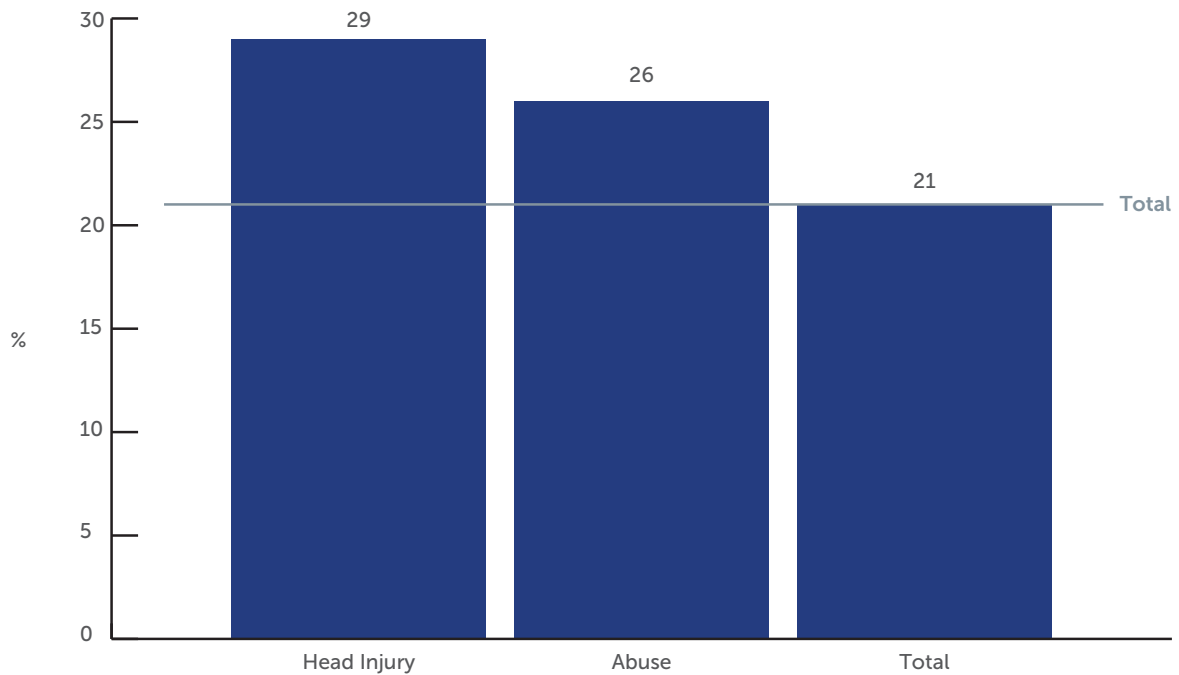
Depression was significantly associated with gender, age, Aboriginal and/or Torres Strait Islander identity, experience of detention and experience of non-sexual abuse (Figure 11). Young females aged 16-17 years, and those who reported having experienced non-sexual abuse, had higher rates of depression than young males. Lower rates of depression were identified among young males, those who identified as being Aboriginal and/or Torres Strait Islander, and those who had experienced detention in a juvenile detention centre or adult prison.

FIGURE 11. Prevalence of depression and significant associations

5.3.2 Attention Deficit Hyperactivity Disorder (ADHD)

Only two significant associations were identified in relation to ADHD (Figure 12). Elevated rates of ADHD were found in those who had experienced a head injury and those who had experienced abuse.

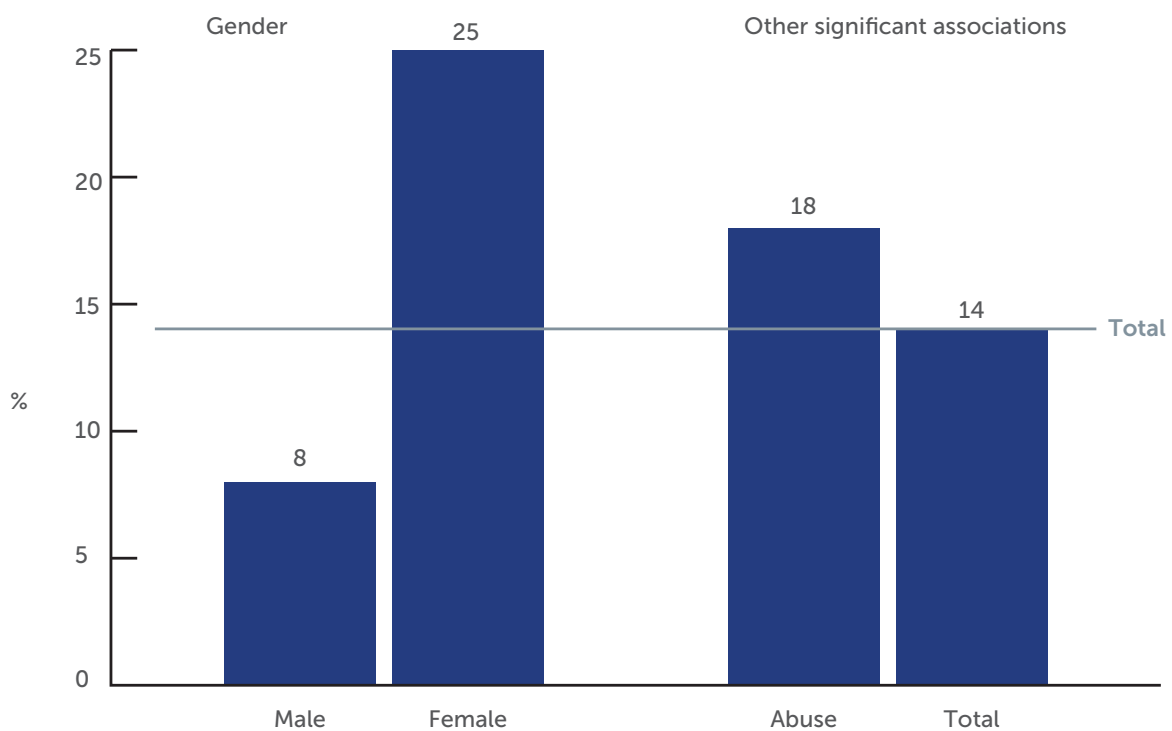
FIGURE 12. Prevalence of ADHD and significant associations



5.3.3 Post-Traumatic Stress Disorder (PTSD)

Only two significant associations were detected in relation to PTSD (Figure 13). Higher rates of PTSD were found in young females, and those who reported having experienced abuse.

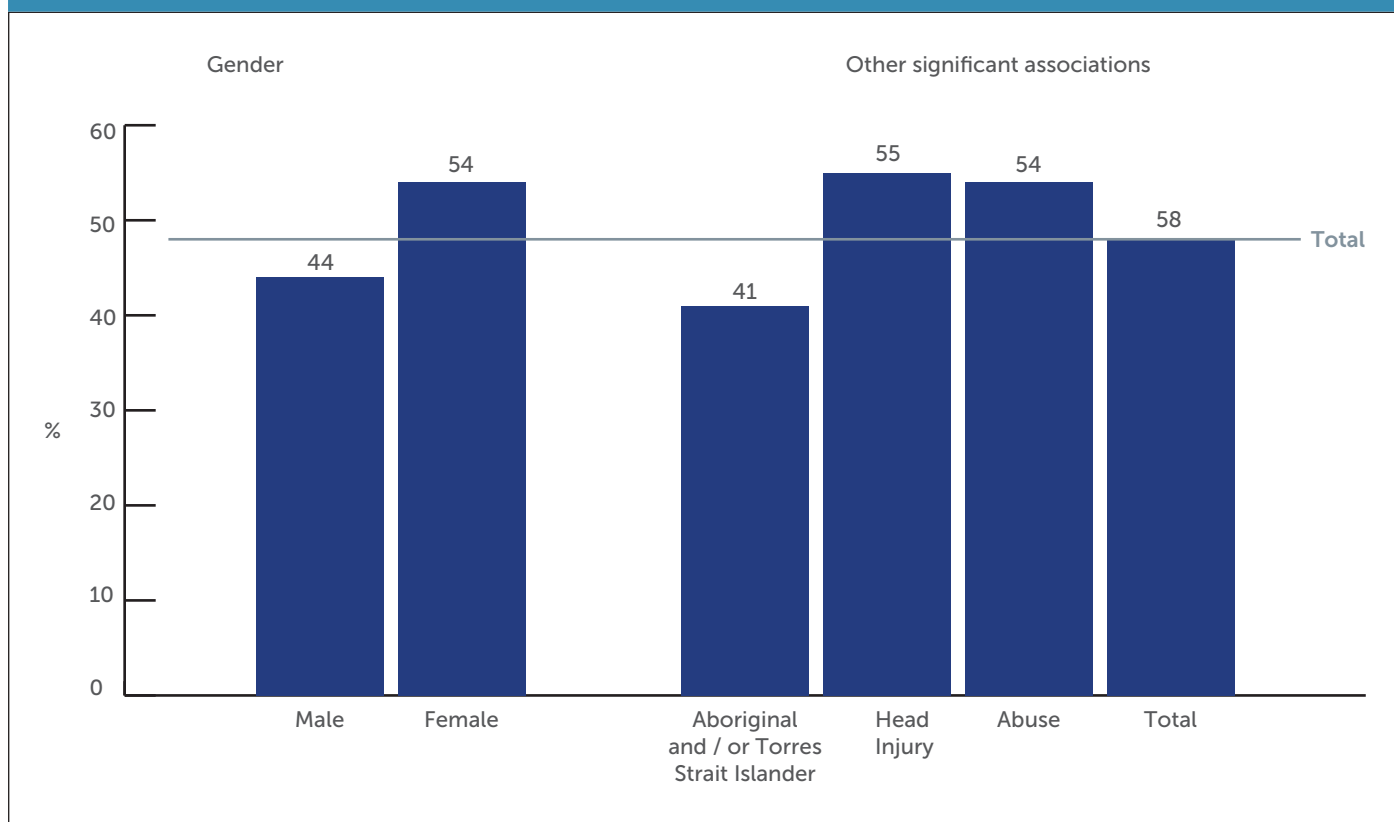
FIGURE 13. Prevalence of PTSD and significant associations



5.3.4 Psychotic symptoms

An elevated prevalence of psychotic symptoms was found among young females, those who had experienced a head injury and those who had experienced abuse (Figure 14). A lower prevalence of psychotic symptoms was noted among young males and those who identified as Aboriginal and/or Torres Strait Islander.

FIGURE 14. Prevalence of experience of psychotic symptoms and significant associations



5.4 Alcohol and drug use

Prevalence of an alcohol use disorder (either DSM-IV alcohol abuse or dependence), was found in 43% of those surveyed (Table 8). Most of those surveyed had used alcohol (89%), drugs (81%) or tobacco (86%) at some time, while 7% of those surveyed reported having ever injected drugs (Table 10).

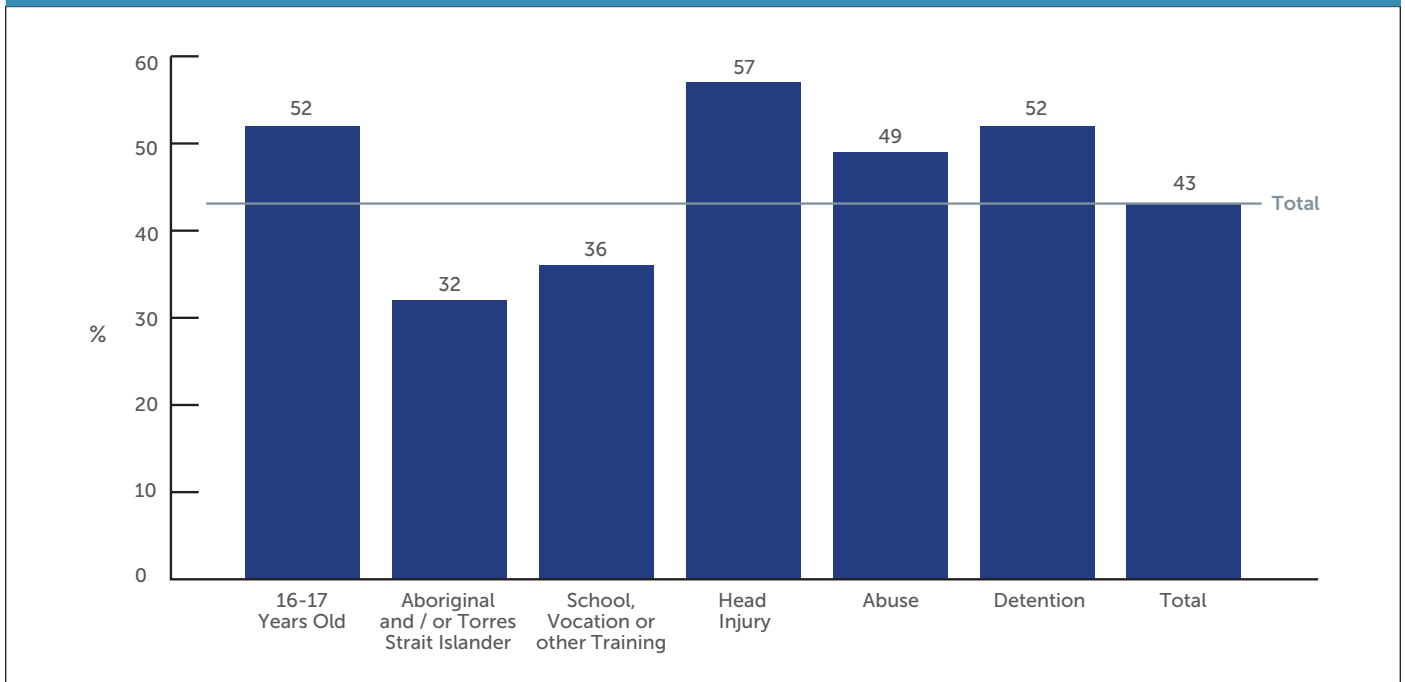
TABLE 10: Prevalence of alcohol, tobacco and other drug use

Substance use	n	%
Ever used alcohol ¹	409	89
Ever smoked tobacco ²	390	86
Ever used drugs	376	81
Ever injected drugs	34	7

¹Missing=8; ²Missing=12

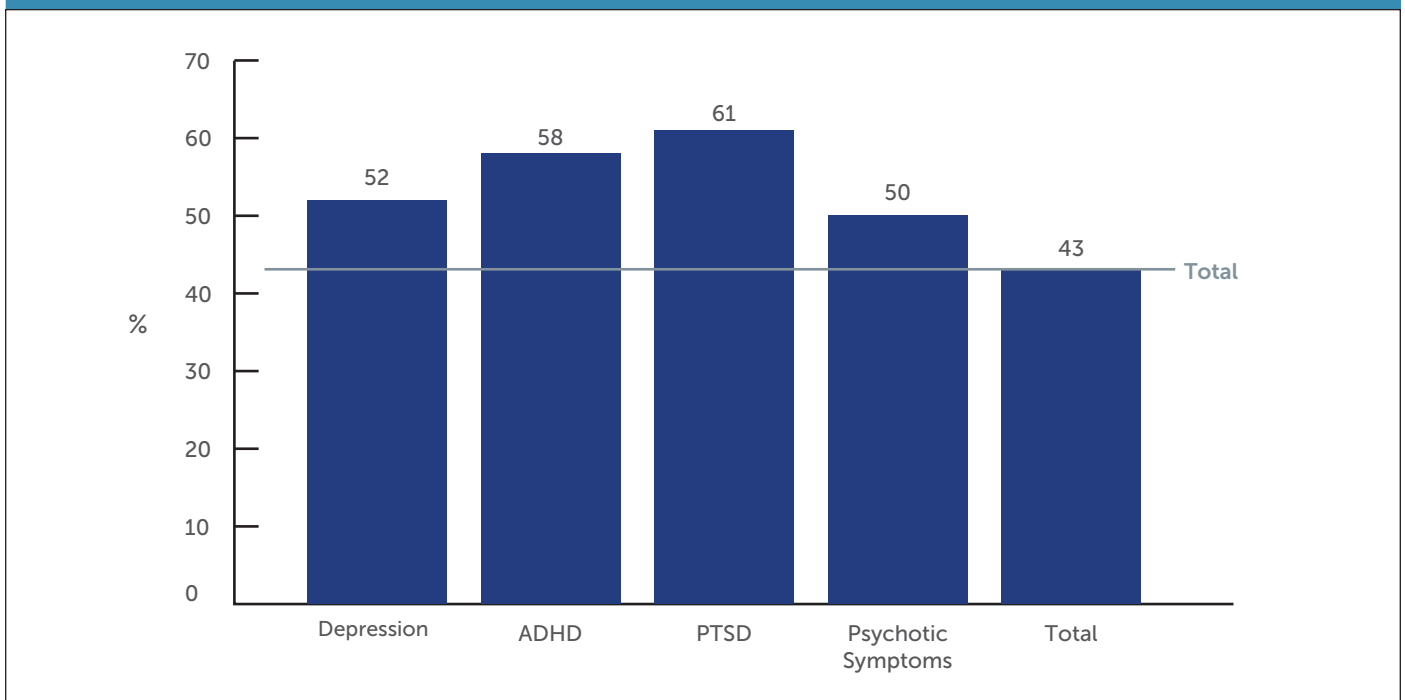
Age, Aboriginal and/or Torres Strait Islander identity, current enrolment in school, vocational or other training, experience of head injury, experience of abuse, and experience of detention were all significantly associated with prevalence of alcohol use disorder (Figure 15). An elevated prevalence of alcohol use disorder was found among those who were 16-17 years of age, those who had experienced a head injury, those who had experienced detention, and those who had experienced abuse. Lower prevalence of alcohol use disorder was found among those who identified as Aboriginal and/or Torres Strait Islander and those who were currently enrolled in school, vocational or other training.

FIGURE 15. Prevalence of alcohol use disorder and significant associations



Rates of alcohol use disorder were elevated among those with depression, ADHD, PTSD or who had experienced psychotic symptoms (Figure 16). Prevalence of alcohol use disorder was most marked among those with PTSD; 61% of those who met the criteria of PTSD also met the criteria for an alcohol use disorder.

FIGURE 16. Prevalence of alcohol use disorder in relation to mental disorder



5.5 Suicidal and self-harming behaviours

Suicidal and self-harming behaviours were more prevalent among justice-involved young people than young people of the same age in the general population with 35% reporting having ever self-harmed and 26% reporting having self-harmed in the past 12 months. This is between two and three times as high as in young people of the same age in the general population (Table 11). Nearly half (47%) of those surveyed reported having ever had suicidal thoughts, compared with 31% in the general community. Approximately one-quarter of those surveyed reported suicidal ideation (26%) and making a suicide plan (23%). Almost one-quarter of young people surveyed (23%) reported having made a suicide attempt at least once in their lives, and 14% reported that they had made a suicide attempt in the past 12 months. The percentage of justice-involved young people who reported that they had ever made a suicide attempt was nearly six times as high as that reported for young people in the general population (23% versus 4%), while the rates of suicide attempt in the past 12 months were nearly five times as high (14% versus 3%).

TABLE 11: Prevalence of suicidal and self-harming behaviours

Suicidal and self-harming behaviours	n	Total %	YMM ⁴ %
Self-harm (ever) ¹	163	35	14
Self-harm (12 months) ¹	121	26	11
Suicidal thoughts (ever) ²	218	47	31
Suicidal ideation (12 months) ¹	122	27	10
Suicidal plans (12 months) ³	105	23	7
Suicide attempt (ever) ¹	107	23	4
Suicide attempt (12 months) ¹	69	14	3

¹Missing=5; ²Missing=3; ³Missing=6; ⁴YMM: Young Minds Matter

5.5.1 Self-harm

Having ever self-harmed was more common among females, those who were unemployed (i.e. including those not in school, vocational or other training), those who had experienced a head injury and those who had experienced abuse. Lower rates of self-harm were apparent among males, those of Aboriginal and/or Torres Strait Islander descent, and those who had experienced detention (Figure 17 and Figure 18). There was a significant association between having ever self-harmed and having met the criteria for depression, ADHD, PTSD, psychotic symptoms, and alcohol use disorder. Prevalence of self-harm was highest among those who also reported having ever made a suicide attempt, and those who met the criteria for PTSD.

FIGURE 17. Prevalence of self-harm (ever) and significant associations

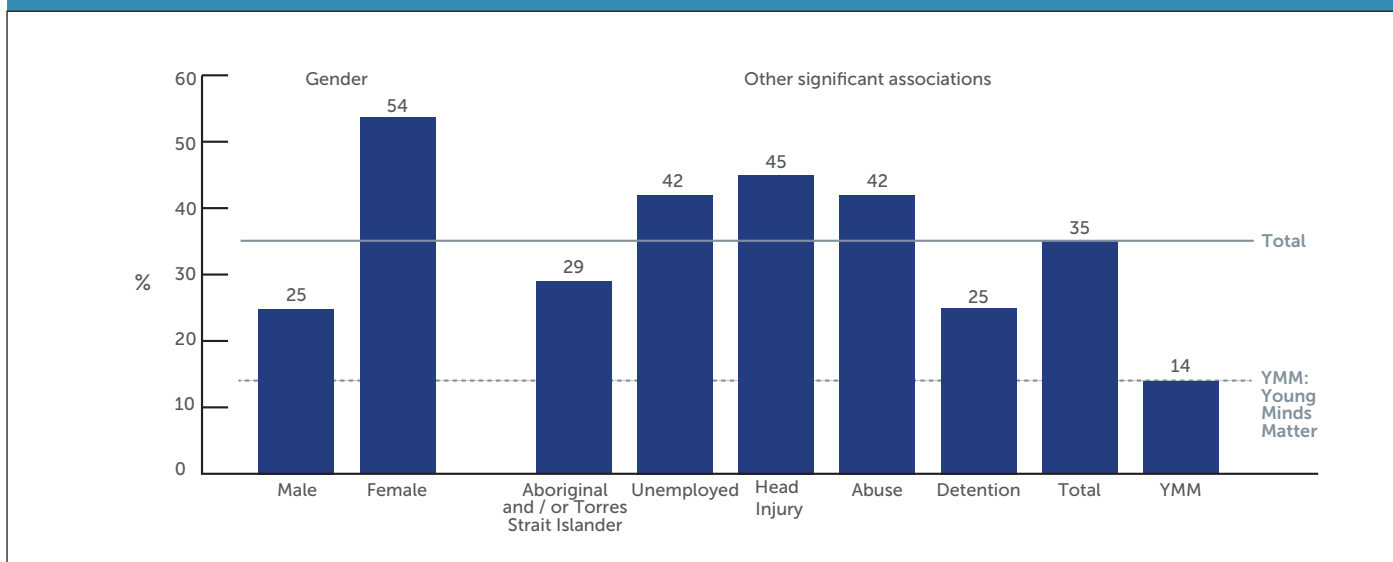
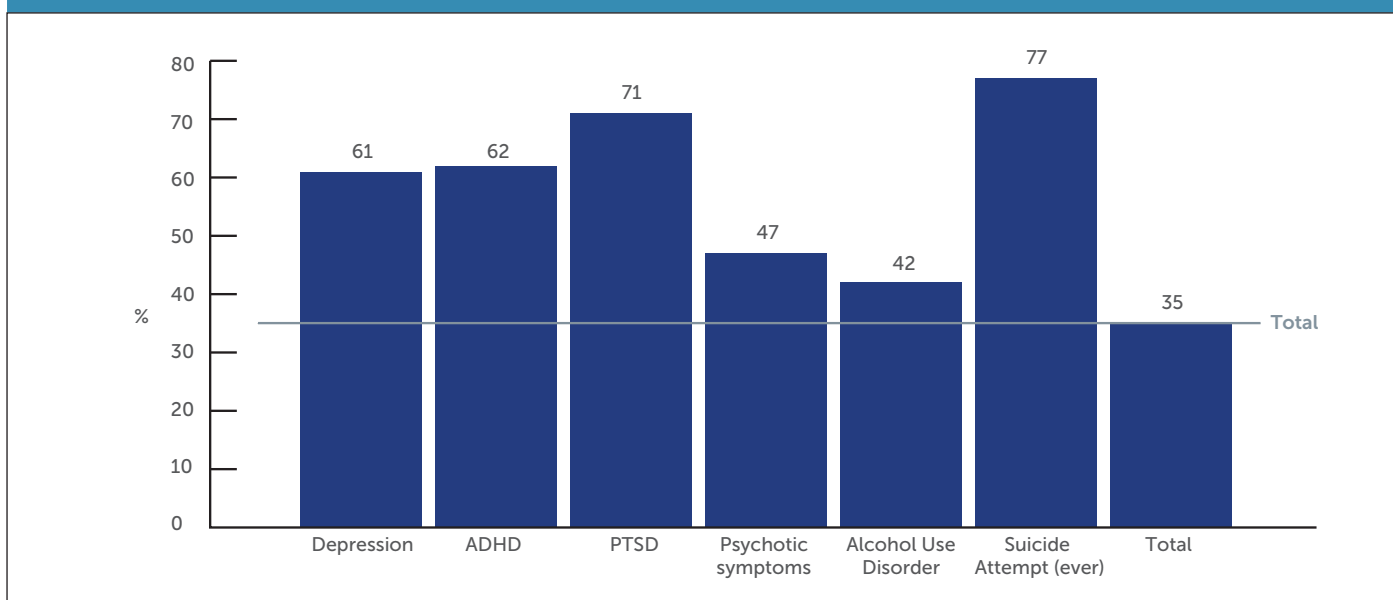


FIGURE 18. Prevalence of self-harm (ever) in relation to mental disorder and suicide attempts



5.5.2 Suicide attempts

Being female, aged 16 or 17 years old, having experienced a head injury, or having experienced non-sexual abuse were all associated with having ever made a suicide attempt (Figure 19 and Figure 20). There was a significant association between having ever made a suicide attempt and having met the criteria for any of the mental disorders assessed. Prevalence of having made a suicide attempt was highest among those who met the criteria for PTSD.

FIGURE 19. Prevalence of suicide attempt (ever) and significant associations

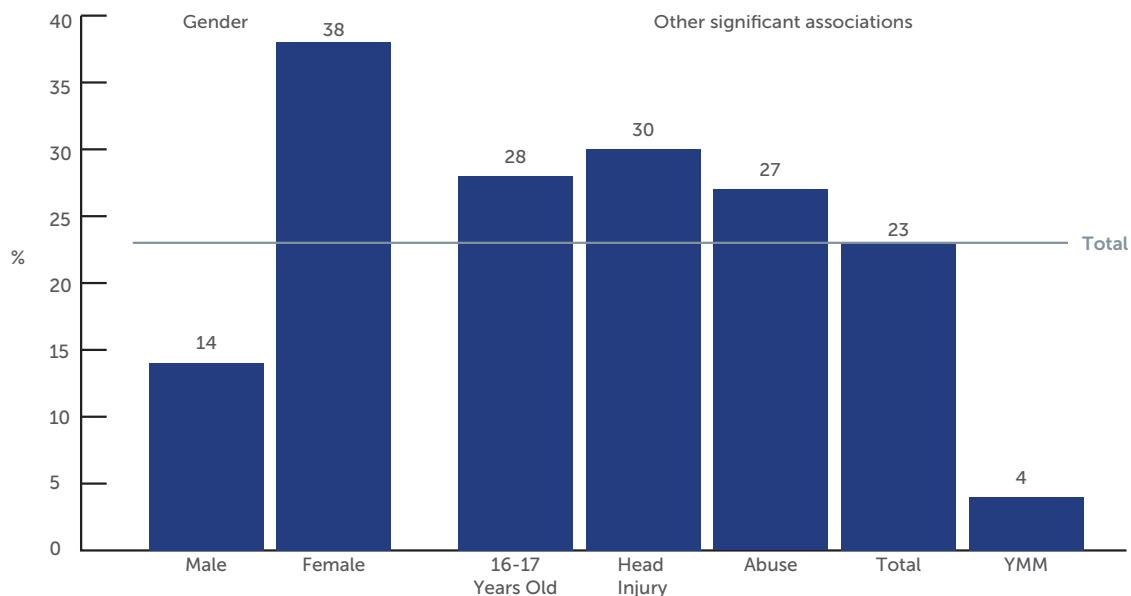
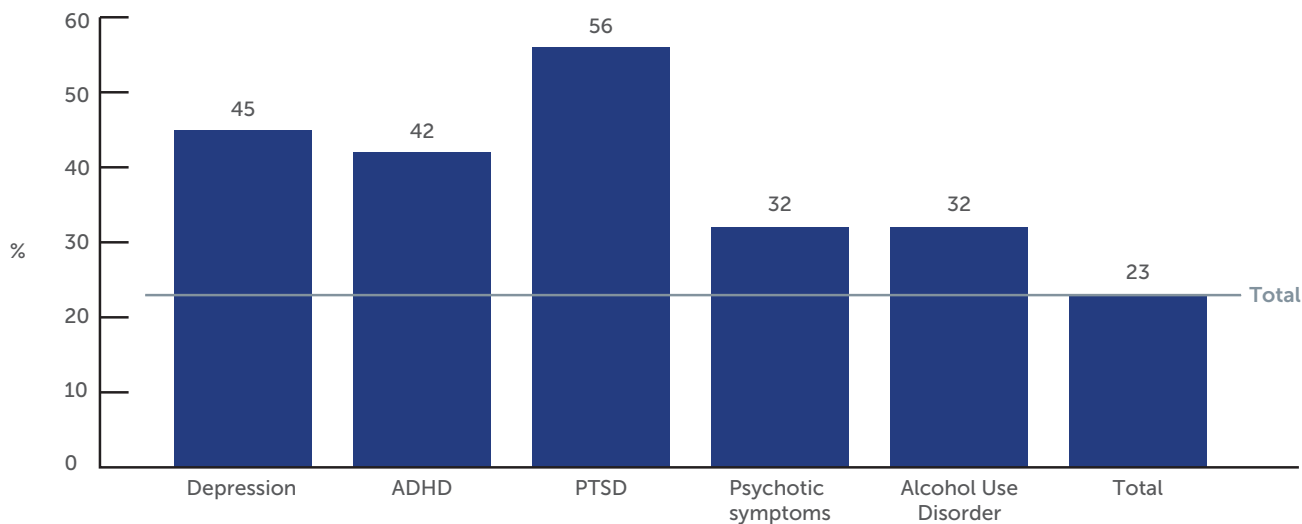


FIGURE 20. Prevalence of suicide attempt (ever) in relation to mental disorders and psychotic symptoms



5.6 Health service utilisation

Health service use for emotional or behavioural problems in the past 12 months was nearly two times as high among young people surveyed compared to the general youth population (n=140, 30% compared to 18%). Mental health services utilisation was associated with gender, having sustained a head injury, experience of abuse, as well as mental health problems and suicidal behaviours (Figure 21 and Figure 22).

FIGURE 21. Prevalence of mental health services utilisation in the last 12 months, and significant associations

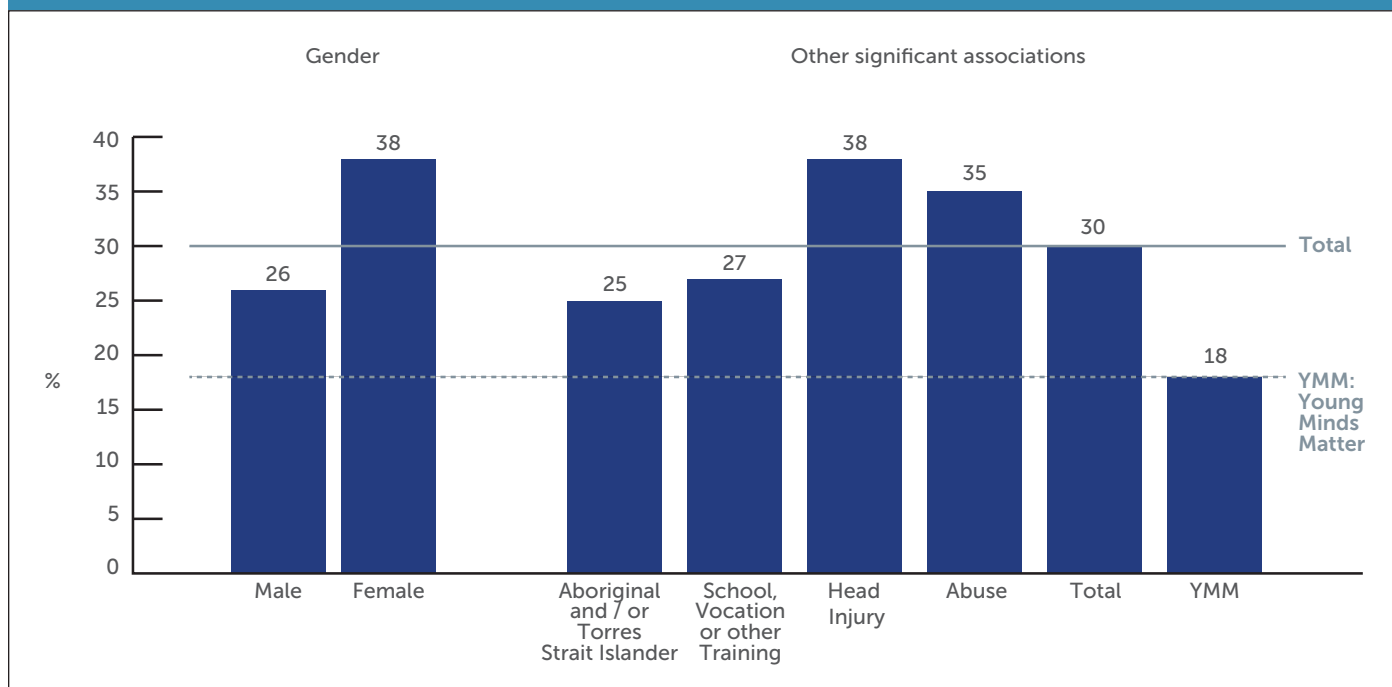
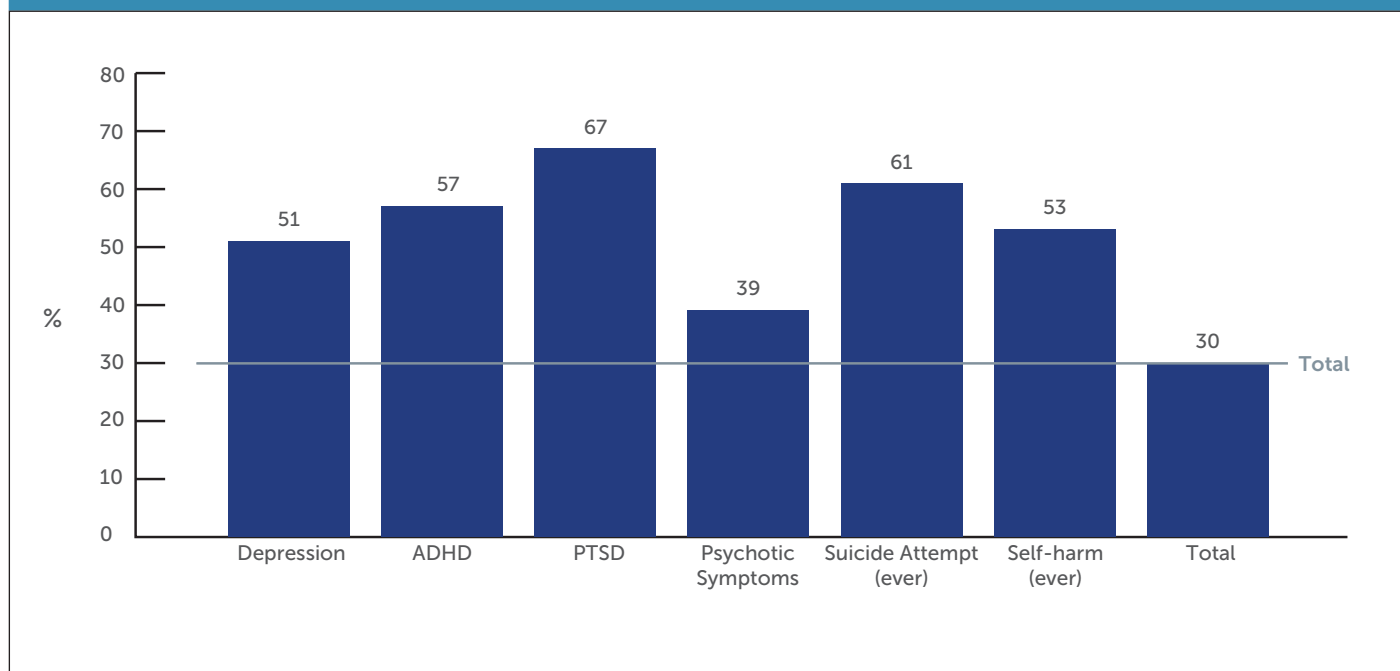


FIGURE 22. Prevalence of mental health services utilisation in the last 12 months and significant associations with mental disorder and suicide and self-harm





- Justice-involved young people experience much greater mental health burden compared with their peers in the general population.
- This burden is significantly associated with past abuse, head injury with loss of consciousness, and alcohol abuse and dependence.
- Females are especially vulnerable, having significantly more mental health issues and needs compared to males in the justice-involved population.
- Justice-involved young people are more likely to be psychologically distressed and more likely to self-harm and attempt suicide than their peers in the general population.
- Young people in, or at risk of, contact with the justice system are more likely to have accessed mental health services for emotional and behavioural problems in the past 12 months compared to young people in the general population.
- These findings highlight the need for holistic, trauma-informed social and health care interventions for young people in, or at risk of, contact with the justice system.
- Priority should be given to preventing, identifying and intervening to reduce abuse that young people experience.
- Facilitating health service utilisation among young people in, or at risk of, contact with the justice system is paramount, as is ensuring that adequate, culturally appropriate, and trauma-informed treatment for mental health problems are delivered.
- Addressing the mental health needs of this population should occur as a matter of urgency to ensure the overall health of the community and to ensure positive health, social and welfare outcomes for this vulnerable group.
- Given the over-representation of young Aboriginal people in the justice system in Australia, these findings have particular resonance for the Aboriginal community. It is important this group is not overlooked in mental health service development and planning needs to occur in consultation/partnership with Aboriginal community controlled health services to ensure they are culturally secure.



Artwork by Waverley Corunna, 18 years

APPENDIX

Demographics

	Queensland						Western Australia						Total	
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total		
Age														
14	28	19.3%	28	25.9%	56	22.1%	36	24.3%	10	15.6%	46	21.7%	102	21.9%
15	36	24.8%	32	29.6%	68	26.9%	30	20.3%	26	40.6%	56	26.4%	124	26.7%
16	51	35.2%	22	20.4%	73	28.9%	46	31.1%	21	32.8%	67	31.6%	140	30.1%
17	30	20.7%	26	24.1%	56	22.1%	36	24.3%	7	10.9%	43	20.3%	99	21.3%
Total	145	100.0%	108	100.0%	253	100.0%	148	100.0%	64	100.0%	212	100.0%	465	100.0%
Aboriginal and/or Torres Strait Islander														
Yes	54	37.5%	45	42.1%	99	39.4%	70	47.3%	33	51.6%	103	48.6%	202	43.6%
No	90	62.5%	62	57.9%	152	60.6%	78	52.7%	31	48.4%	109	51.4%	261	56.4%
Total	144	100.0%	107	100.0%	251	100.0%	148	100.0%	64	100.0%	212	100.0%	463	100.0%
Attending school or other training														
At School	77	53.1%	60	55.6%	137	54.2%	107	72.3%	50	78.1%	157	74.1%	294	63.2%
Not at school but in a program or other training	2	1.4%	5	4.6%	7	2.8%	8	5.4%	2	3.1%	10	4.7%	17	3.7%
Not at school	66	45.5%	43	39.8%	109	43.1%	33	22.3%	12	18.8%	45	21.2%	154	33.1%
Total	145	100.0%	108	100.0%	253	100.0%	148	100.0%	64	100.0%	212	100.0%	465	100.0%

Justice involvement

Justice involvement	Queensland						Western Australia						Total	
	Male		Female		Total		Male		Female		Total			
Most serious justice contact														
Incarceration (juvenile detention, police watch-house, adult prison)	69	47.6%	40	37.0%	109	43.1%	35	23.6%	10	15.6%	45	21.2%	154	33.1%
Community-based supervision	21	14.5%	17	15.7%	38	15.0%	25	16.9%	8	12.5%	33	15.6%	71	15.3%
Penalty without detention (e.g. fine, good behaviour bond)	48	33.1%	45	41.7%	93	36.8%	82	55.4%	40	62.5%	122	57.5%	215	46.2%
Other (e.g. juvenile justice tribunal, drug court)	7	4.8%	6	5.6%	13	5.1%	6	4.1%	6	9.4%	12	5.7%	25	5.4%
Total	145	100.0%	108	100.0%	253	100.0%	148	100.0%	64	100.0%	212	100.0%	465	100.0%

Offence category	Queensland						Western Australia						Total	
	Male		Female		Total		Male		Female		Total			
Theft	56	38.6%	53	49.1%	109	43.1%	53	35.8%	24	37.5%	77	36.3%	186	40.0%
Break and Enter	28	19.3%	11	10.2%	39	15.4%	26	17.6%	2	3.1%	28	13.2%	67	14.4%
Robbery	31	21.4%	8	7.4%	39	15.4%	15	10.1%	1	1.6%	16	7.5%	55	11.8%
Assault Causing Injury	40	27.6%	29	26.9%	69	27.3%	23	15.5%	24	37.5%	47	22.2%	116	24.9%
Public Nuisance	18	12.4%	14	13.0%	32	12.6%	23	15.5%	8	12.5%	31	14.6%	63	13.5%
Property Damage	28	19.3%	2	1.9%	30	11.9%	22	14.9%	3	4.7%	25	11.8%	55	11.8%
Drugs	12	8.3%	6	5.6%	18	7.1%	20	13.5%	6	9.4%	26	12.3%	44	9.5%
Against Justice Procedures	11	7.6%	8	7.4%	19	7.5%	8	5.4%	2	3.1%	10	4.7%	29	6.2%
Driving	8	5.5%	3	2.8%	11	4.3%	8	5.4%	4	6.3%	12	5.7%	23	4.9%
Harassment	3	2.1%	2	1.9%	5	2.0%	5	3.4%	3	4.7%	8	3.8%	13	2.8%
Fraud/Misappropriation	3	2.1%	0	0.0%	3	1.2%	3	2.0%	1	1.6%	4	1.9%	7	1.5%
Sexual	0	0.0%	2	1.9%	2	0.8%	2	1.4%	0	0.0%	2	0.9%	4	0.9%
Weapons	1	0.7%	0	0.0%	1	0.4%	3	2.0%	0	0.0%	3	1.4%	4	0.9%
Dangerous or negligent acts endangering persons	0	0.0%	1	0.9%	1	0.4%	2	1.4%	0	0.0%	2	0.9%	3	0.6%
Other	2	1.4%	2	1.9%	4	1.6%	1	0.7%	0	0.0%	1	0.5%	5	1.1%

Abuse

	Queensland						Western Australia						Total	
	Male		Female		Total		Male		Female		Total			
In your lifetime did someone ever try to physically hurt you (e.g.: hit, slap or kick you)?														
Yes	78	54.2%	57	53.3%	135	53.8%	82	57.7%	33	58.9%	115	58.1%	250	55.7%
No	66	45.8%	50	46.7%	116	46.2%	60	42.3%	23	41.1%	83	41.9%	199	44.3%
Total	144	100.0%	107	100.0%	251	100.0%	142	100.0%	56	100.0%	198	100.0%	449	100.0%
Tried to limit your contact with family or friends?														
Yes	42	29.0%	39	36.1%	81	32.0%	32	22.1%	25	42.4%	57	27.9%	138	30.2%
No	103	71.0%	69	63.9%	172	68.0%	113	77.9%	34	57.6%	147	72.1%	319	69.8%
Total	145	100.0%	108	100.0%	253	100.0%	145	100.0%	59	100.0%	204	100.0%	457	100.0%
Verbally abused you (called you names to put you down or make you feel bad)?														
Yes	83	57.2%	82	75.9%	165	65.2%	85	58.6%	46	78.0%	131	64.2%	296	64.8%
No	62	42.8%	26	24.1%	88	34.8%	60	41.4%	13	22.0%	73	35.8%	161	35.2%
Total	145	100.0%	108	100.0%	253	100.0%	145	100.0%	59	100.0%	204	100.0%	457	100.0%
Stopped you knowing about or having access to money?														
Yes	40	27.8%	27	25.0%	67	26.6%	25	17.5%	20	33.9%	45	22.3%	112	24.7%
No	104	72.2%	81	75.0%	185	73.4%	118	82.5%	39	66.1%	157	77.7%	342	75.3%
Total	144	100.0%	108	100.0%	252	100.0%	143	100.0%	59	100.0%	202	100.0%	454	100.0%
Ever abused?														
Yes	103	71.0%	85	78.7%	188	74.3%	105	72.4%	51	86.4%	156	76.5%	344	75.3%
No	42	29.0%	23	21.3%	65	25.7%	40	27.6%	8	13.6%	48	23.5%	113	24.7%
Total	145	100.0%	108	100.0%	253	100.0%	145	100.0%	59	100.0%	204	100.0%	457	100.0%

Head injury

	Queensland						Western Australia							
	Male		Female		Total		Male		Female		Total		Total	
Have you ever had a head injury where you became unconscious or "blacked out"?														
Yes	70	48.3%	31	28.7%	101	39.9%	77	52.4%	24	38.1%	101	48.1%	202	43.6%
No	75	51.7%	77	71.3%	152	60.1%	70	47.6%	39	61.9%	109	51.9%	261	56.4%
Total	145	100.0%	108	100.0%	253	100.0%	147	100.0%	63	100.0%	210	100.0%	463	100.0%
How many times has this happened?														
Once	24	34.3%	12	40.0%	36	36.0%	33	42.9%	7	29.2%	40	39.6%	76	37.8%
Twice	18	25.7%	13	43.3%	31	31.0%	18	23.4%	9	37.5%	27	26.7%	58	28.9%
Three times	14	20.0%	2	6.7%	16	16.0%	10	13.0%	3	12.5%	13	12.9%	29	14.4%
More than three times	14	20.0%	3	10.0%	17	17.0%	16	20.8%	5	20.8%	21	20.8%	38	18.9%
Total	70	100.0%	30	100.0%	100	100.0%	77	100.0%	24	100.0%	101	100.0%	201	100.0%
What caused you to become unconscious?														
Sports injury	20	28.6%	2	6.5%	22	21.8%	21	27.3%	3	12.5%	24	23.8%	46	22.8%
Hit in a fight	17	24.3%	7	22.6%	24	23.8%	19	24.7%	1	4.2%	20	19.8%	44	21.8%
Slip and fall	7	10.0%	5	16.1%	12	11.9%	11	14.3%	8	33.3%	19	18.8%	31	15.3%
Assault/someone hit you	5	7.1%	5	16.1%	10	9.9%	7	9.1%	6	25.0%	13	12.9%	23	11.4%
Motor vehicle accident	5	7.1%	4	12.9%	9	8.9%	6	7.8%	0	0.0%	6	5.9%	15	7.4%
Other	16	22.9%	8	25.8%	24	23.8%	13	16.9%	6	25.0%	19	18.8%	43	21.3%
Total	70	100.0%	31	100.0%	101	100.0%	77	100.0%	24	100.0%	101	100.0%	202	100.0%
For how long were you unconscious?														
Only a brief moment	42	60.0%	13	41.9%	55	54.5%	55	71.4%	11	45.8%	66	65.3%	121	59.9%
Between 10 -30 minutes	14	20.0%	9	29.0%	23	22.8%	13	16.9%	7	29.2%	20	19.8%	43	21.3%
Between 30 minutes – 24 hours	7	10.0%	6	19.4%	13	12.9%	2	2.6%	4	16.7%	6	5.9%	19	9.4%
More than 24 hours	2	2.9%	0	0.0%	2	2.0%	0	0.0%	0	0.0%	0	0.0%	2	1.0%
Don't know	5	7.1%	3	9.7%	8	7.9%	7	9.1%	2	8.3%	9	8.9%	17	8.4%
Total	70	100.0%	31	100.0%	101	100.0%	77	100.0%	24	100.0%	101	100.0%	202	100.0%

When did this occur?														
Within last week	0	0.0%	1	3.2%	1	1.0%	1	1.3%	0	0.0%	1	1.0%	2	1.0%
One to Four Weeks ago	8	11.4%	2	6.5%	10	9.9%	1	1.3%	4	16.7%	5	5.0%	15	7.4%
One to Six Months ago	17	24.3%	10	32.3%	27	26.7%	17	22.1%	10	41.7%	27	26.7%	54	26.7%
Over 6 months and less than 2 years ago	27	38.6%	10	32.3%	37	36.6%	27	35.1%	5	20.8%	32	31.7%	69	34.2%
2 years ago or more	18	25.7%	8	25.8%	26	25.7%	31	40.3%	5	20.8%	36	35.6%	62	30.7%
Don't know	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total	70	100.0%	31	100.0%	101	100.0%	77	100.0%	24	100.0%	101	100.0%	202	100.0%
Did you go to the hospital?														
Yes	36	51.4%	17	54.8%	53	52.5%	30	39.0%	11	45.8%	41	40.6%	94	46.5%
No	34	48.6%	14	45.2%	48	47.5%	47	61.0%	13	54.2%	60	59.4%	108	53.5%
Total	70	100.0%	31	100.0%	101	100.0%	77	100.0%	24	100.0%	101	100.0%	202	100.0%

Self-assessed health

	Queensland						Western Australia						Total	
	Male		Female		Total		Male		Female		Total			
In general, would you say your health is excellent, very good, good, fair or poor?														
Excellent	26	17.9%	14	13.1%	40	15.9%	20	13.6%	5	7.8%	25	11.8%	65	14.0%
Very Good	32	22.1%	20	18.7%	52	20.6%	43	29.3%	10	15.6%	53	25.1%	105	22.7%
Good	60	41.4%	46	43.0%	106	42.1%	58	39.5%	31	48.4%	89	42.2%	195	42.1%
Fair	25	17.2%	19	17.8%	44	17.5%	22	15.0%	13	20.3%	35	16.6%	79	17.1%
Poor	2	1.4%	8	7.5%	10	4.0%	4	2.7%	5	7.8%	9	4.3%	19	4.1%
Total	145	100.0%	107	100.0%	252	100.0%	147	100.0%	64	100.0%	211	100.0%	463	100.0%

Psychological distress

	Queensland						Western Australia						Total	
	Male		Female		Total		Male		Female		Total			
Psychological distress (K10)														
Low	48	34.3%	24	22.6%	72	29.3%	68	46.6%	14	22.6%	82	39.4%	154	33.9%
Moderate	40	28.6%	28	26.4%	68	27.6%	36	24.7%	12	19.4%	48	23.1%	116	25.6%
High	37	26.4%	22	20.8%	59	24.0%	21	14.4%	13	21.0%	34	16.3%	93	20.5%
Very high	15	10.7%	32	30.2%	47	19.1%	21	14.4%	23	37.1%	44	21.2%	91	20.0%
Total	140	100.0%	106	100.0%	246	100.0%	146	100.0%	62	100.0%	208	100.0%	454	100.0%

Strengths and Difficulties Questionnaire

	Queensland						Western Australia						Total	
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total		
SDQ Emotion subscale														
0	20	13.8%	9	8.3%	29	11.5%	23	15.5%	2	3.1%	25	11.8%	54	11.6%
1	19	13.1%	6	5.6%	25	9.9%	22	14.9%	5	7.8%	27	12.7%	52	11.2%
2	30	20.7%	9	8.3%	39	15.4%	27	18.2%	5	7.8%	32	15.1%	71	15.3%
3	16	11.0%	9	8.3%	25	9.9%	16	10.8%	3	4.7%	19	9.0%	44	9.5%
4	8	5.5%	17	15.7%	25	9.9%	15	10.1%	9	14.1%	24	11.3%	49	10.5%
5	21	14.5%	11	10.2%	32	12.6%	13	8.8%	5	7.8%	18	8.5%	50	10.8%
6	10	6.9%	15	13.9%	25	9.9%	10	6.8%	5	7.8%	15	7.1%	40	8.6%
7	11	7.6%	5	4.6%	16	6.3%	14	9.5%	10	15.6%	24	11.3%	40	8.6%
8	8	5.5%	15	13.9%	23	9.1%	5	3.4%	8	12.5%	13	6.1%	36	7.7%
9	1	0.7%	9	8.3%	10	4.0%	2	1.4%	4	6.3%	6	2.8%	16	3.4%
10	1	0.7%	3	2.8%	4	1.6%	1	0.7%	8	12.5%	9	4.2%	13	2.8%
Total	145	100.0%	108	100.0%	253	100.0%	148	100.0%	64	100.0%	212	100.0%	465	100.0%
SDQ Conduct subscale														
0	11	7.6%	5	4.6%	16	6.3%	13	8.8%	1	1.6%	14	6.6%	30	6.5%
1	11	7.6%	10	9.3%	21	8.3%	15	10.1%	5	7.8%	20	9.4%	41	8.8%
2	19	13.1%	8	7.4%	27	10.7%	18	12.2%	5	7.8%	23	10.8%	50	10.8%
3	22	15.2%	18	16.7%	40	15.8%	29	19.6%	17	26.6%	46	21.7%	86	18.5%
4	22	15.2%	21	19.4%	43	17.0%	27	18.2%	12	18.8%	39	18.4%	82	17.6%
5	17	11.7%	18	16.7%	35	13.8%	25	16.9%	6	9.4%	31	14.6%	66	14.2%
6	25	17.2%	16	14.8%	41	16.2%	9	6.1%	7	10.9%	16	7.5%	57	12.3%
7	7	4.8%	5	4.6%	12	4.7%	9	6.1%	2	3.1%	11	5.2%	23	4.9%
8	3	2.1%	4	3.7%	7	2.8%	3	2.0%	7	10.9%	10	4.7%	17	3.7%
9	4	2.8%	1	0.9%	5	2.0%	0	0.0%	2	3.1%	2	0.9%	7	1.5%
10	4	2.8%	2	1.9%	6	2.4%	0	0.0%	0	0.0%	0	0.0%	6	1.3%
Total	145	100.0%	108	100.0%	253	100.0%	148	100.0%	64	100.0%	212	100.0%	465	100.0%

SDQ Hyperactivity subscale														
0	5	3.4%	4	3.7%	9	3.6%	7	4.7%	1	1.6%	8	3.8%	17	3.7%
1	3	2.1%	8	7.4%	11	4.3%	8	5.4%	3	4.8%	11	5.2%	22	4.7%
2	25	17.2%	12	11.1%	37	14.6%	19	12.8%	3	4.8%	22	10.4%	59	12.7%
3	29	20.0%	15	13.9%	44	17.4%	20	13.5%	3	4.8%	23	10.9%	67	14.4%
4	22	15.2%	12	11.1%	34	13.4%	24	16.2%	5	7.9%	29	13.7%	63	13.6%
5	19	13.1%	15	13.9%	34	13.4%	16	10.8%	8	12.7%	24	11.4%	58	12.5%
6	10	6.9%	12	11.1%	22	8.7%	19	12.8%	12	19.0%	31	14.7%	53	11.4%
7	17	11.7%	12	11.1%	29	11.5%	14	9.5%	9	14.3%	23	10.9%	52	11.2%
8	11	7.6%	12	11.1%	23	9.1%	15	10.1%	8	12.7%	23	10.9%	46	9.9%
9	2	1.4%	6	5.6%	8	3.2%	5	3.4%	9	14.3%	14	6.6%	22	4.7%
10	2	1.4%	0	0.0%	2	0.8%	1	0.7%	2	3.2%	3	1.4%	5	1.1%
Total	145	100.0%	108	100.0%	253	100.0%	148	100.0%	63	100.0%	211	100.0%	464	100.0%
SDQ Peer subscale														
0	12	8.3%	4	3.7%	16	6.3%	12	8.1%	7	11.1%	19	9.0%	35	7.5%
1	13	9.0%	12	11.1%	25	9.9%	22	14.9%	4	6.3%	26	12.3%	51	11.0%
2	23	15.9%	25	23.1%	48	19.0%	39	26.4%	9	14.3%	48	22.7%	96	20.7%
3	33	22.8%	16	14.8%	49	19.4%	29	19.6%	12	19.0%	41	19.4%	90	19.4%
4	36	24.8%	21	19.4%	57	22.5%	17	11.5%	5	7.9%	22	10.4%	79	17.0%
5	12	8.3%	12	11.1%	24	9.5%	20	13.5%	13	20.6%	33	15.6%	57	12.3%
6	8	5.5%	9	8.3%	17	6.7%	7	4.7%	4	6.3%	11	5.2%	28	6.0%
7	5	3.4%	5	4.6%	10	4.0%	0	0.0%	3	4.8%	3	1.4%	13	2.8%
8	3	2.1%	3	2.8%	6	2.4%	2	1.4%	4	6.3%	6	2.8%	12	2.6%
9	0	0.0%	1	0.9%	1	0.4%	0	0.0%	2	3.2%	2	0.9%	3	0.6%
Total	145	100.0%	108	100.0%	253	100.0%	148	100.0%	63	100.0%	211	100.0%	464	100.0%
SDQ (Total score recoded)														
Low (<16)	83	57.2%	46	42.6%	129	51.0%	89	60.1%	18	28.6%	107	50.7%	236	50.9%
Medium (<20)	25	17.2%	23	21.3%	48	19.0%	30	20.3%	11	17.5%	41	19.4%	89	19.2%
High (≥20)	37	25.5%	39	36.1%	76	30.0%	29	19.6%	34	54.0%	63	29.9%	139	30.0%
Total	145	100.0%	108	100.0%	253	100.0%	148	100.0%	63	100.0%	211	100.0%	464	100.0%

Psychiatric diagnoses

	Queensland						Western Australia						Total	
	Male		Female		Total		Male		Female		Total			
Any Depression (lifetime)														
No	105	72.4%	50	46.7%	155	61.5%	99	67.3%	21	33.9%	120	57.4%	275	59.7%
Yes, past or current depression	40	27.6%	57	53.3%	97	38.5%	48	32.7%	41	66.1%	89	42.6%	186	40.3%
Total	145	100.0%	107	100.0%	252	100.0%	147	100.0%	62	100.0%	209	100.0%	461	100.0%
ADHD														
No	112	77.8%	88	81.5%	200	79.4%	121	82.3%	44	68.8%	165	79.3%	365	79.3%
Yes	32	22.2%	20	18.5%	52	20.6%	26	17.7%	17	27.9%	43	20.7%	95	20.7%
Combined	22	15.3%	17	15.7%	39	15.5%	18	15.5%	13	21.3%	31	14.9%	70	15.2%
Inattentive	5	3.5%	2	1.9%	7	2.8%	6	4.1%	4	6.6%	10	4.8%	17	3.7%
Hyperactive/Impulsive	5	3.5%	1	0.9%	6	2.4%	2	1.4%	0	0.0%	2	1.0%	8	1.7%
Total	144	100.0%	108	100.0%	252	100.0%	147	100.0%	61	100.0%	208	100.0%	460	100.0%
PTSD														
No	129	89.0%	79	73.1%	208	82.2%	138	94.5%	47	78.3%	185	89.8%	393	85.6%
Yes	16	11.0%	29	26.9%	45	17.8%	8	5.5%	13	21.7%	21	10.2%	66	14.4%
Total	144	100.0%	108	100.0%	252	100.0%	147	100.0%	61	100.0%	208	100.0%	460	100.0%
Alcohol abuse/dependence														
No	63	43.4%	59	54.6%	122	48.2%	97	66.9%	40	69.0%	137	67.5%	259	56.8%
Yes, alcohol abuse or dependence	82	56.6%	49	45.4%	131	51.8%	48	33.1%	18	31.0%	66	32.5%	197	43.2%
Alcohol Dependence	63	43.4%	38	35.2%	101	39.9%	34	23.4%	17	29.3%	51	25.1%	152	33.3%
Alcohol Abuse	19	13.1%	11	10.2%	30	11.9%	14	9.6%	1	1.7%	15	7.4%	45	9.9%
Total	145	100.0%	108	100.0%	253	100.0%	145	100.0%	58	100.0%	203	100.0%	456	100.0%
Symptoms of psychosis (past 12 months)														
No	72	50.0%	48	44.4%	120	47.6%	90	61.2%	29	47.5%	119	57.2%	239	52.0%
Yes	72	50.0%	60	55.6%	132	52.4%	57	38.8%	32	52.5%	89	42.8%	221	48.0%
Total	144	100.0%	108	100.0%	252	100.0%	145	100.0%	58	100.0%	203	100.0%	456	100.0%
Have you ever been prescribed anti-psychotic medicine or diagnosed with psychosis by a doctor?														
No	139	95.9%	105	97.2%	244	96.4%	138	93.9%	55	91.7%	193	93.2%	437	95.0%
Yes	6	4.1%	3	2.8%	9	3.6%	9	6.1%	5	8.3%	14	6.8%	23	5.0%
Total	145	100.0%	108	100.0%	253	100.0%	147	100.0%	60	100.0%	207	100.0%	460	100.0%

Substance use

	Queensland						Western Australia						Total	
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total		
Have you ever had a drink of alcohol, other than a few sips?														
No	10	6.9%	6	5.6%	16	6.3%	28	19.2%	4	6.9%	32	15.7%	48	10.5%
Yes	135	93.1%	102	94.4%	237	93.7%	118	80.8%	54	93.1%	172	84.3%	409	89.5%
Total	145	100.0%	108	100.0%	253	100.0%	146	100.0%	58	100.0%	204	100.0%	457	100.0%
Have you ever tried cigarette smoking, even one or two puffs?														
No	17	11.8%	10	9.3%	27	10.8%	31	21.5%	5	8.6%	36	17.8%	63	13.9%
Yes	127	88.2%	97	90.7%	224	89.2%	113	78.5%	53	91.4%	166	82.2%	390	86.1%
Total	144	100.0%	107	100.0%	251	100.0%	144	100.0%	58	100.0%	202	100.0%	453	100.0%
Ever used any drug?														
No	25	17.2%	19	17.6%	44	17.4%	32	21.6%	13	20.3%	45	21.2%	89	19.1%
Yes	120	82.8%	89	82.4%	209	82.6%	116	78.4%	51	79.7%	167	78.8%	376	80.9%
Total	145	100.0%	108	100.0%	253	100.0%	148	100.0%	64	100.0%	212	100.0%	465	100.0%
Ever injected drugs?														
No	134	92.4%	97	89.8%	231	91.3%	139	93.9%	61	95.3%	200	94.3%	431	92.7%
Yes	11	7.6%	11	10.2%	22	8.7%	9	6.1%	3	4.7%	12	5.7%	34	7.3%
Total	145	100.0%	108	100.0%	253	100.0%	148	100.0%	64	100.0%	212	100.0%	465	100.0%

Self-harm and suicide

	Queensland						Western Australia						Total	
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total		
Have you ever deliberately done something to yourself to cause harm or injury, without intending to end your own life?														
No	115	79.3%	55	51.4%	170	67.5%	105	71.4%	22	36.1%	127	61.1%	297	64.6%
Yes	30	20.7%	52	48.6%	82	32.5%	42	28.6%	39	63.9%	81	38.9%	163	35.4%
Total	145	100.0%	107	100.0%	252	100.0%	147	100.0%	61	100.0%	208	100.0%	460	100.0%
Have you deliberately harmed or injured yourself without intending to end your own life during the past 12 months?														
No	125	86.2%	67	62.6%	192	76.2%	118	80.3%	29	47.5%	147	70.7%	339	73.7%
Yes	20	13.8%	40	37.4%	60	23.8%	29	19.7%	32	52.5%	61	29.3%	121	26.3%
Total	145	100.0%	107	100.0%	252	100.0%	147	100.0%	61	100.0%	208	100.0%	460	100.0%
Have you ever felt life was not worth living?														
No	94	64.8%	36	33.3%	130	51.4%	98	66.7%	16	25.8%	114	54.5%	244	52.8%
Yes	51	35.2%	72	66.7%	123	48.6%	49	33.3%	46	74.2%	95	45.5%	218	47.2%
Total	145	100.0%	108	100.0%	253	100.0%	147	100.0%	62	100.0%	209	100.0%	462	100.0%

During the past 12 months, did you ever seriously consider attempting suicide?														
No	121	84.0%	62	57.9%	183	72.9%	124	84.4%	31	50.0%	155	74.2%	338	73.5%
Yes	23	16.0%	45	42.1%	68	27.1%	23	15.6%	31	50.0%	54	25.8%	122	26.5%
Total	144	100.0%	107	100.0%	251	100.0%	147	100.0%	62	100.0%	209	100.0%	460	100.0%
During the past 12 months, did you make a plan about how you would attempt suicide?														
No	122	84.7%	68	63.6%	190	75.7%	130	89.0%	34	54.8%	164	78.8%	354	77.1%
Yes	22	15.3%	39	36.4%	61	24.3%	16	11.0%	28	45.2%	44	21.2%	105	22.9%
Total	144	100.0%	107	100.0%	251	100.0%	146	100.0%	62	100.0%	208	100.0%	459	100.0%
Have you ever attempted suicide?														
No	121	84.0%	69	64.5%	190	75.7%	128	87.1%	35	56.5%	163	78.0%	353	76.7%
Yes	23	16.0%	38	35.5%	61	24.3%	19	12.9%	27	43.5%	46	22.0%	107	23.3%
Total	144	100.0%	107	100.0%	251	100.0%	147	100.0%	62	100.0%	209	100.0%	460	100.0%
If yes, did you attempt suicide in the past 12 months?														
No	10	43.5%	11	28.9%	21	34.4%	8	42.1%	9	33.3%	17	37.0%	38	35.5%
Yes	13	56.5%	27	71.1%	40	65.6%	11	57.9%	18	66.7%	29	63.0%	69	64.5%
Total	23	100.0%	38	100.0%	61	100.0%	19	100.0%	27	100.0%	46	100.0%	107	100.0%

Health Services Utilisation

	Queensland						Western Australia						Total	
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Total				
In the past 12 months, that is since XX of last year, have you seen any health professional because of "B" emotional or behavioural problems? (Clarification: anxiety, stress, depression, problems concentration)														
No	105	72.4%	71	65.7%	176	69.6%	111	75.5%	33	55.0%	144	69.6%	320	69.6%
Yes	40	27.6%	37	34.3%	77	30.4%	36	24.5%	27	45.0%	63	30.4%	140	30.4%
Total	145	100.0%	108	100.0%	253	100.0%	147	100.0%	60	100.0%	207	100.0%	460	100.0%
In the past 12 months have you used a telephone counselling service such as Kids Helpline?														
No	131	91.0%	98	91.6%	229	91.2%	138	95.2%	49	84.5%	187	92.1%	416	91.6%
Yes	13	9.0%	9	8.4%	22	8.8%	7	4.8%	9	15.5%	16	7.9%	38	8.4%
Total	144	100.0%	107	100.0%	251	100.0%	145	100.0%	58	100.0%	203	100.0%	454	100.0%
In the past 12 months have you used Internet-based services to get help or information about emotional or behavioural problems? This includes searching the Internet or using online services provided by Headspace, Reachout, Youth Beyondblue and others														
No	129	89.6%	91	85.0%	220	87.6%	136	92.5%	47	78.3%	183	88.4%	403	88.0%
Yes	15	10.4%	16	15.0%	31	12.4%	11	7.5%	13	21.7%	24	11.6%	55	12.0%
Total	144	100.0%	107	100.0%	251	100.0%	147	100.0%	60	100.0%	207	100.0%	458	100.0%
Have you ever spoken to a counsellor or attended a group program at a drug or alcohol treatment unit or clinic? If YES, was in this in the past 12 months?														
No	110	76.4%	65	60.7%	175	69.7%	101	68.7%	43	72.9%	144	69.9%	319	69.8%
Yes, in the past 12 months	28	19.4%	33	30.8%	61	24.3%	35	23.8%	12	20.3%	47	22.8%	108	23.6%
Yes, but not in the past 12 months	6	4.2%	9	8.4%	15	6.0%	11	7.5%	4	6.8%	15	7.3%	30	6.6%
Total	144	100.0%	107	100.0%	251	100.0%	147	100.0%	59	100.0%	206	100.0%	457	100.0%

