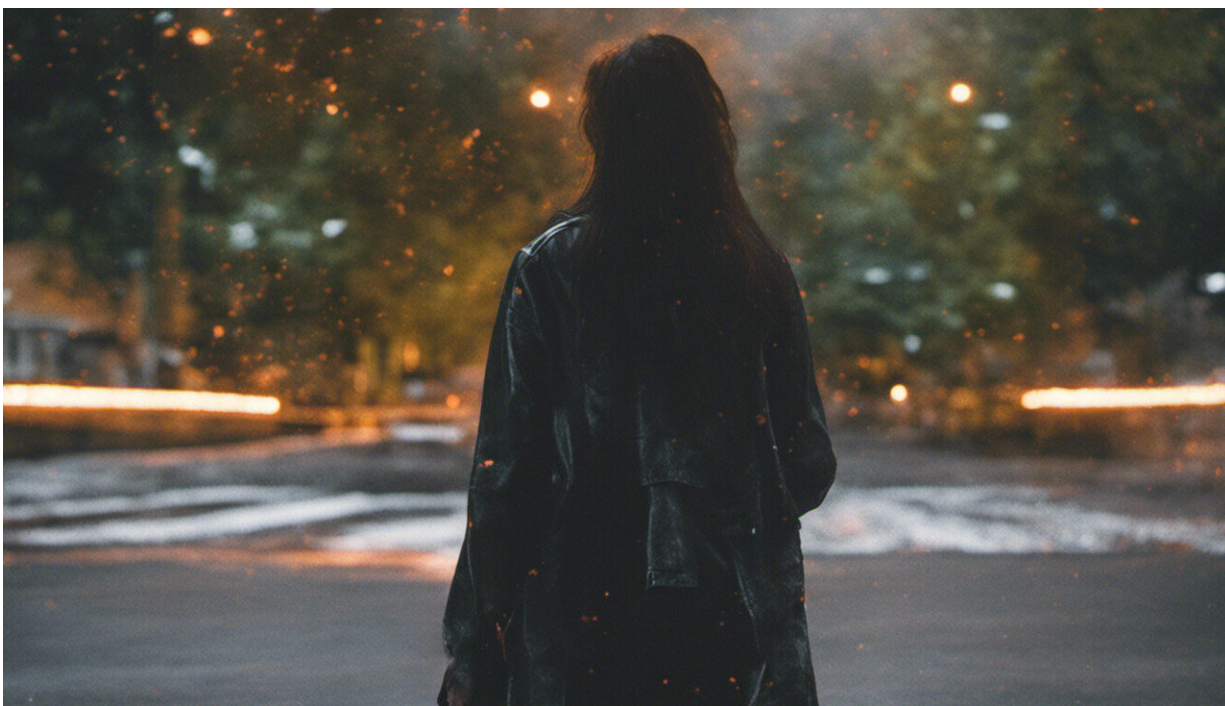


# Too many young people who've been in detention die prematurely. They deserve better, say researchers

August 30 2023, by Lucas Calais Ferreira, Alex Brown, Stuart Kinner and Susan M Sawyer

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Credit: AI-generated image ([disclaimer](#))

Young people in contact with the criminal justice system—be it under community-based orders or in youth detention—are among the [most marginalized](#) in our society. And the health and health-care disadvantage

faced by these young people may be evident for years.

[Our research](#) found high levels of largely-preventable diseases and avoidable premature deaths for these [young people](#) in Australia. This indicates inadequate health care both in youth [detention](#) and in the community.

It's time we provided health care for people in youth detention that's culturally safe and equivalent to what's available in the community. That includes access to Australia's so-called universal health-care scheme, Medicare.

## Children as young as 10

Australian courts can sentence children as young as ten who are convicted of a criminal offense to a community-based order, or to youth detention.

During the 2021–22 financial year, [4,350 young people](#) aged 10 to 18 were detained at some point, typically for eight days or less.

Almost 50% of young people under youth [justice](#) supervision [are Indigenous](#), and they are 24 times more likely than non-Indigenous young people to go into youth detention.

Young people in detention commonly have [very poor health](#). This includes [high rates](#) of one or more physical and [mental health problems](#), cognitive and neurodevelopmental disabilities, and substance dependence.

## What we found

In the nearly 25 years of data covered in our study, [we found](#) young people with a history of contact with the youth justice system died at a rate more than four times higher than those of the same age and sex in the general Australian population.

We found those most at risk of dying prematurely were Indigenous children, males, and those whose first contact with the youth justice system was before they were 14 years old.

Until now, there's been a remarkable lack of evidence on the burden of noncommunicable diseases, such as cancers and cardiovascular diseases, among young people during and after contact with the youth justice system. However, we found that compared with their peers, these young people have nearly double the rate of dying from such diseases.

For young Indigenous males, cardiovascular and digestive diseases, including chronic liver diseases, were particularly prominent (and largely preventable) causes of death.

## **What we need**

Our findings highlight the need for young people involved with the justice system to access high-quality and holistic health care that's age- and culturally appropriate. This is essential to identify and manage their complex health conditions, both during periods of supervision and—critically—after return to the community.

Aboriginal Community Controlled Health Organizations are [well placed](#) to provide this and to support continuity of care as these children transition in and out of detention.

But the Northern Territory is the only jurisdiction where they are funded to provide health care in youth detention.

Aboriginal Community Controlled Health Organizations are unable to access Commonwealth funding to support health care in detention elsewhere.

Discriminatory exclusion from access to Medicare, which typically prevents access to Aboriginal Community Controlled Health Organizations in detention, is an example of the "[inverse care law](#)." This is when those most in need of high-quality health care are least likely to receive it.

## **Progress has been slow so far**

Health-care reform in youth justice is clearly and urgently required, but progress has been slow. One reason is the lack of independent oversight of these systems.

Despite [ratifying](#) the UN Optional Protocol to the Convention against Torture in 2017, Australia has yet to establish the mechanisms required under this protocol to permit independent scrutiny of places of detention.

As a priority, we need to meet our international obligations—through both permitting unfettered access to all youth detention centers and investing appropriately in [independent scrutiny](#)—in every state and territory.

Australia is also lagging behind in routine monitoring of health and health care in youth detention. More than five years ago, the Australian Institute of Health and Welfare [recommended](#) producing regular reports on [health care](#) in youth justice settings. But there is still no Commonwealth or state/territory funding or mechanism for this critical monitoring.

## Why we need to lift our game

Improving the health of this marginalized group is important to improving health equity, closing the gap, and preventing the tragic loss of young lives.

Australia can no longer ignore that some of our most disadvantaged children are dying at a much faster rate than expected, and from causes that are largely preventable. Doing so would amplify cycles of racism and social exclusion.

Under the [UN Convention on the Rights of the Child](#) all children, including those in contact with the youth justice system, have the right to the highest attainable standard of health. We owe it to them to make this a reality.

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