



POSITION STATEMENT

Approved by NPJS Board of Directors ~ October 9, 2017

ADDRESSING MENTAL HEALTH ISSUES WITHIN THE JUVENILE JUSTICE SYSTEM

STATEMENT OF THE ISSUE

Youth with mental health disorders continue to enter and remain in the juvenile justice system (Boesky, 2014). Significantly, juvenile justice programs and staff are often ill-equipped and under-prepared to provide appropriate services to address these disorders.

NATURE OF THE ISSUE

- Juvenile justice professionals provide care and supervision for youth with varying challenges including unmet mental health needs. Safely managing behavior and supporting the successful transition of youth with significant mental health issues poses a great challenge for juvenile justice professionals.
- Access to quality mental health care has become increasingly difficult for adolescents generally, but especially for those who exhibit delinquent or aggressive behavior. As the availability of effective mental health services for youth has decreased both community-based and residential treatment resources for youth with serious mental health disorders have also diminished. Many psychiatric hospital programs for adolescents have closed. Of those treatment options remaining, many programs are hesitant to accept youth with delinquent or aggressive histories.
- Facing limited options in the community, judges may at times hold mentally ill youth in custody for the primary purpose of having them receive psychiatric evaluation and/or treatment (by the detention center's psychiatric services department).
- Despite the difficulties accessing community-based treatment programs for adolescents, those who can access such services may be unsuccessful. Those who are unsuccessful and who have prior legal involvement, may subsequently be placed in juvenile justice facilities which are then compelled to address their mental health issues.
- Current evidence consistently shows (Boesky, 2014; Coccozza & Skowyr, 2000; Teplin, et al., 2002):
 - Incarcerated youth experience significantly more mental health disorders than youth in the general population.
 - Many youth entering a juvenile justice facility suffer from a co-occurring substance use/abuse or dependence disorder which has not been previously identified or treated.
 - Youth exhibit a range of symptoms related to their mental health issues. Their ability to function can be compromised by challenges from those mental health issues such as attention and concentration problems, mood disorders, self-destructive behavior (including suicidal thoughts and attempts), acute trauma reactions, or triggered trauma dynamics.

- Juvenile justice systems struggle to provide training to ensure best practices in the screening, assessment and treatment of mental health issues, substance abuse, and the impact of trauma that youth experience.
 - For example: Absent adequate training and tools and even when trying to respond appropriately to youth, juvenile justice direct care staff may unintentionally trigger a youth's trauma dynamics. These trauma dynamics may be expressed as behaviors (e.g., aggression, angry outbursts, self-injury, medication refusals) which can be misinterpreted by untrained staff as purposeful, oppositional, or manipulative and may then result in a multitude of negative consequences such as more restrictive placements or longer periods of confinement (Boesky, 2014).
 - Some facilities are inadequately staffed or lack contracts with qualified mental health professionals to provide appropriate behavioral health and treatment services that contribute to a safe and therapeutic environment.
 - Some systems have not kept current with evidence-based research and treatment practices. For example, cognitive-behavioral approaches have been shown to be effective with juvenile justice populations (Heller, et al., 2015), yet fully implementing these approaches and integrating them with other aspects of facility programming remains a work in progress in many jurisdictions.

POSITION STATEMENT

The National Partnership of Juvenile Services (NPJS) strongly advocates that youth in contact with the justice system who have been identified by qualified mental health professionals as having significant mental health issues not be placed in juvenile justice settings unless those facilities are adequately equipped to address those mental health needs. NPJS asserts that such youth should be placed in the most appropriate therapeutic environment based on their mental health needs. Given that community-based treatment and psychiatric placements will not always be possible, when juvenile justice service providers are required to house these identified youth, NPJS strongly supports that juvenile justice service systems must:

- Ensure all staff receive training to respond to youth who struggle with significant mental health, substance abuse, and trauma-related issues;
- Review and revise all policies and practices to incorporate emerging research about best practices for housing and treatment of youth with mental health needs;
- Ensure that all youth receive screening for mental health, substance abuse, and trauma issues at the time of admission and are properly housed and receive appropriate mental health services (i.e., stabilization, referral or treatment as length of stay permits) based on those screenings.
- Provide or partner with trained mental health professionals to work with individual youth and consult with staff in managing a youth's behavior, and to develop policies to support treatment that may include the use of psychiatric medication.
- Especially in consideration of the challenges in meeting complex youth needs, adopt and use a multi-disciplinary approach to support youth in juvenile justice care and custody. An effective multi-disciplinary approach will broadly include professional and non-professional individuals who are invested in the well-being of the youth, and will always include the youth and their family members.
- Develop and utilize data collection systems that track program/service accessibility, youth and family participation, and effectiveness;

- Engage families, juvenile justice aftercare programs, and community support networks to ensure effective collaboration and continuity of care; and
- Advocate for access to identified mental health services and supports both in juvenile justice facilities and in the community.

In addition to the recommendations above, NPJS strongly advocates for the completion of large-scale, standardized studies on incarcerated youth with mental health and substance use disorders to identify exactly how many are suffering, the nature of their conditions, and the most effective interventions associated with specific disorders.

References:

- Boesky, L. (2014). Mental Health. In *Desktop Guide to Quality Practice for Working with Youth in Confinement*. National Partnership for Juvenile Services and Office of Juvenile Justice and Delinquency Prevention. <http://www.desktopguide.info/?q=node/6>
- Cocozza, J.J. & Skowrya, K. (2000). Youth with mental health disorders: Issues and emerging responses. *Juvenile Justice*, VII, 3-13.
- Heller, Sara B., Shah, Anuj K., Guryan, Jonathan, Ludwig, Jens, Mullainathan, Sendhil, & Pollack, Harold A. (2016, October). Thinking, Fast and Slow? Some Field Experiments to Reduce Crime and Dropout in Chicago. *Quarterly Journal of Economics*. 131(4): i4. <https://doi.org/10.1093/qje/qjv061>.
- Teplin, L. A., Abram, K. M., McClelland, G. M., Dulcan, M. K., & Mericle, A. A. (2002). Psychiatric disorders in youth in juvenile detention. *Archives of General Psychiatry*, 59(12), 1133–1143.