

# The importance of proper care for mental disorders youngsters, not that offered b...

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## **The Juvenile Justice System as a Default for Youths with Mental Disorders**

Mental disorders are becoming more and more prevalent in our youth today. Ranging from conduct disorders to anti-social personality disorders, as many as 70 percent of youth in the system are affected with a mental disorder.

One in five youths suffer from a mental illness so severe that it effects their ability to grow into a productive adult. (Hammond, 2007) Children who enter the juvenile justice system with unaddressed mental health needs do not have many options for effective treatment in a juvenile detention facility or after they are released. Per Joseph Penn, a child psychologist at the Texas Youth Commission, “ We are seeing more and more mentally ill kids who couldn’t find community programs that were intensive enough to treat them. Jails and juvenile justice facilities are the new asylums.” (Siegel, Welsh, 2014)

In addition to inadequate options for mental health care in juvenile justice facilities, there is also a lack of programs available to youths with mental disorders to help reintegrate into society after incarceration. Incarcerated youths with mental health issues may find it more difficult to adjust. All of these problems raise the risk of recidivism upon release to the community. In order to restore our youth population, proper treatment of juveniles with mental disorders is necessary to decrease the revolving door effect of the juvenile justice system. (Hammond)

Some of the most common disorders that affect youths include depression, anxiety disorders, and behavioral disorders. Behavioral disorders include

substance abuse and dependency as well. (Hammond) Often, youths have co-occurring mental disorders, an example would be substance abuse combined with depression. Mental health disorders are more complicated and difficult to treat in youths than in adults. (Butter & Vanderloo, 2012). Continuous assessment and treatment, therefore, is vital because adolescence is an important development period in one's life and disorders can be more subject to change and interruption during this time. According to Ola Stahlberg, Henrik Anckarsater, and Thomas Nilsson of the University of Gothenburg in Sweden, "Disruptive behavior disorders are conditions that not only severely affect children's general health and education, but also carry a dramatically increased risk for mental health problems, substance abuse, and criminality in adulthood." (Stahleberg, Ankarsater, & Nilsson, 2010). Another study found that only 23 percent of juvenile offenders diagnosed with a mental disorder received any treatment before, during, or after being incarcerated (Hammond).

In order to ensure that juveniles get the mental health treatment they need and deserve, changes must first be made in the pre-booking process. There have been pre-booking diversion programs for adults for quite some time. These programs usually have some sort of crisis intervention team that can assist with minor psychiatric issues to psychiatric emergency situations. These programs are helpful in determining whether an individual needs to be incarcerated, or if they need proper psychiatric care. One study compared adult crisis intervention teams in Birmingham, Alabama, Memphis, Tennessee, and Knoxville, Tennessee. The results showed that arrest rates

were significantly lowered after these programs went into effect (Butters & Vanderloo, 2012).

If it is necessary for a juvenile to be admitted into the juvenile justice system, proper screening and assessment procedures are essential in making sure that a child receive the help that they need. Experts recommend that juvenile justice systems employ up-to-date and multiple instruments for use with young people at different points in the juvenile justice process (Hammond). Per the National Center for Mental Health and Juvenile Justice, youths who receive a mental health screening immediately are more likely to have their problems identified and treated (Mallet 2015). Unfortunately screening and assessment often takes place after a juvenile has been adjudicated and placed in a correctional facility. A prompter mental screening and assessment of youths at the first court intake would allow the information returned to be used in making diversions or other predilections. Once identified, subsequent rehabilitative and treatment alternatives can be pursued through coordination with other adolescent care systems.

Another reason that a mental health assessment is beneficial to juveniles is to asses a juvenile's ability to understand the adjudicatory process and to be able to participate and make decisions as part of that process. Commonly, incompetence to stand trial is the result of a mental disorder or developmental disability. However, juvenile competency is further complicated by developmental immaturity (Hammond, 2007).

Developmental immaturity sets juveniles aside from adults in ways that make them less able to help with their defense. Studies done by ES Scott

and L. Steinburg showed that at the ages of 16–17, the most usual age of incarceration, “ these juveniles may be expected to have deficiencies in decision-making ability, greater vulnerability to external coercion and an underdeveloped character. Such facilities lack necessary rehabilitation services, separate the adolescents from their families and are often dangerous and violent environments – all factors in poor outcomes.” (Stahlber, Ankarsater, & Nilsson).

If, and only if incarceration is completely necessary should a minor with one or more mental disorders be put into a detention center. Any juveniles who would benefit from interventions, including anger management therapy, social skills training, substance abuse treatment, and medication evaluation and treatment can and should receive these interventions in the secure environment of a detention center or training school. In addition to alleviating problematic behaviors or symptoms, these interventions would make juvenile justice facilities safer for staff and inmates and decrease aggression and suicidal behavior. However, many juveniles who have committed non-violent crimes would benefit more from intervention-type programs and treatment programs than being incarcerated in a juvenile detention center. Detention can be a poor choice for juveniles who have an existing mental health disorder. It can produce feelings of trauma and acute feelings of depression, anxiety and the possibility of suicidal behavior. In addition, incarceration can disrupt therapeutic services and medication for juveniles who already might have been receiving them (Mallet).

Incarceration does not decrease future adolescent crime, and the experience of it can be detrimental to one's mental health. The longer the length of stay at a juvenile facility, the recidivism rate increases. In many studies it has shown that a vast percentage of incarcerated youths reoffend within 18-30 months of their release. (Robertson, Dill, Husain, & Undesser, 2004). It is unusually rare for them to get rehabilitation services, training, or treatment. Incarceration can also lessen an adolescent's ability to function independently or develop the proper social and coping skills needed in the outside world. Time spent in juvenile detention facilities has the potential to decrease cognitive and social functioning, and slow down adolescent development (Hammond).

In order to help mentally unstable youths and to reduce recidivism rates among juvenile offenders, first, increased cooperation between agencies is essential. Some jurisdictions have already started programs to help youths get the mental health treatment they need. WrapAround Milwaukee is a prime example to show collaboration between agencies. This outstanding program has managed to successfully integrate mental health, juvenile justice, child welfare as well as education systems to provide services to troubled youths. Not only does this program benefit juveniles but it is cost-effective as well. The average overall cost of care per child declined from \$5,000 per month to less than \$3,300 per month. (Hammond).

In conclusion, juvenile correctional facilities are not the place for youths with mental health needs. Proper and prompt screening processes and assessments should be a requirement of all facilities before the adjudication

process begins. In lieu of a mental screening showing the minor has a disorder, proper action should be taken to place the juvenile in the correct program to ensure the child gets the help that they need. Incarceration of a minor with mental health needs can lead to greater problems down the road such as aggression issues and suicidal behavior. Incarceration can also slow to crucial development processes that are essential to a youth becoming a well-functioning adult. Upon a juvenile's release from the system, actions should be taken to ensure that the child continues to receive mental health care.