



*Why are so many mentally disordered young people entering the juvenile justice system rather than the mental health system? ... What are we as juvenile justice practitioners expected to do to meet the treatment needs of mentally disordered children and youths?*

# Juvenile Justice Faces Mental Health Issues

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She's back again. It's the 14th time in three years. Each time she's returned, she has been more aggressive, more prone to violence, and consistently less able to retain information and control her impulses. Her IQ, based on school testing completed four years ago, is 75 — borderline deficient. She's 15 years old.

When she first came to the Bartholomew County Youth Services Center at age 12, she was placed in detention on a charge of criminal mischief. It was not so much the criminal charge as the aggressive and reckless behavior she exhibited after her arrest that caused her to be placed in secure detention. At her detention hearing, the judge ordered that she be moved from secure detention to the shelter care unit because it was obvious that there were mental and developmental issues impacting the behavior that brought her to the juvenile justice system. She was eventually placed on probation, the terms of which she violated repeatedly, primarily by committing status offenses. She frequently returned to secure detention and/or shelter care as a result of these violations and, occasionally, on a new criminal charge. When her behavior did not improve, the court placed her in a psychiatric facility that serves developmentally disabled children and teens. While there, she was violent and aggressive. She ran away from this placement twice, which is how she came back to detention.

She is now serving a 90-day sentence on a battery charge. She cannot maintain appropriate behavior in the classroom because she is constantly distracted by the comments and behaviors of other residents. She believes they dislike her and talk about her behind her back. She works well with a staff member one day and then mistrusts the same person the next. Occasionally, when she goes into a violent rage, she is restrained to keep her from harming herself or others. These are all symptoms of her disorder — borderline personality disorder. When she leaves the detention center her probation case will be closed. However, without the support of ongoing community-based mental health services it is likely she will re-offend. If she does, there is little doubt that she will be committed to the state department of correction.

This scenario is all too familiar for juvenile detention staff across the country. Through the National Partnership for Juvenile Services, Center for Research and Professional Development, I train detention and correctional staff from facilities across the country. Without exception, the primary concern I hear voiced by these individuals is their lack of formal education, training and preparation for working with mentally disordered young people.

According to a July 2004 legislative report titled *Incarceration of Youth Who Are Waiting for Community Mental*

*Health Services in the United States*, "The unnecessary detention of youth who are waiting for mental health treatment is a serious national problem." The information contained in this report comes from surveys completed by "more than 500 juvenile detention administrators in 49 states, representing three-quarters of all juvenile detention facilities." The report includes the following findings:

- Two-thirds of juvenile detention facilities hold youths who are waiting for community mental health treatment;
- Children as young as 7 are incarcerated while waiting for mental health services;
- Two-thirds of the juvenile detention facilities that hold youths waiting for community mental health services report that some of these youths have attempted suicide or attacked others; and
- Juvenile detention facilities spend an estimated \$100 million each year to house youths who are waiting for community mental health services.

The Indiana State Bar Association, in its fall 2005 report titled *Children, Mental Health and the Law Summit: Official Report on Summit Findings with Recommendations*, said that "because of limitations and shortages in community-based care, and an increasingly more punitive approach

toward the misconduct of children, the juvenile justice system has increasingly become the 'de facto' mental health treatment system for children with mental health needs."

This raises the questions: 1) Why are so many mentally disordered young people entering the juvenile justice system rather than the mental health system?; and 2) What are we as juvenile justice practitioners expected to do to meet the treatment needs of mentally disordered children and youths? The answers to these questions are complex. However, one thing is certain: Juvenile justice practitioners cannot and should not be expected to effectively treat mentally disordered children and youths. Treatment must be provided by trained mental health professionals through collaborations that, at a minimum, involve the offender's family and include appropriate and timely community-based mental health services, special education, and related services that address emotional and learning disabilities. In order to do this, the chronic shortages of resources and public funding to support our nation's mental health system will have to be addressed. Systemic change at multiple levels will be required. Representatives of the National Partnership for Juvenile Services, its member organizations, and the American Correctional Association will need to work together to educate and inform governmental leaders and the public about these issues. The courage and conviction of many legislative leaders will be required to generate and broker the necessary legislation and funding to effect real change in this area.

This issue of *Corrections Today* is dedicated to juvenile justice practitioners working in juvenile confinement settings. This is a group of men and women who are passionate and committed to serving the needs of some of the nation's most disenfranchised youths and their families. They are national heroes who are seldom thought of as such. I am grateful to have this opportunity to applaud their efforts and thank them for their service and dedication. ♦