

# Mental Health Care of Detained Youth and Solitary Confinement and Restraint Within Juvenile Detention Facilities



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## KEYWORDS

- Mental health treatment • Juvenile justice • Juvenile detention
- Trauma-informed care • Solitary confinement • Isolation • Seclusion

## KEY POINTS

- Youth in the juvenile justice system have a high prevalence of a diverse array of mental disorders and severe psychosocial stressors.
- Trauma is common and trauma-informed care should be considered a universal precaution in working with justice-involved youth.
- Youth can benefit significantly from evidence-based psychosocial and pharmacologic interventions.
- Although clinically ordered and supervised seclusion may be appropriate in limited situations, disciplinary or punitive use of isolation or solitary confinement is categorically inappropriate.

## INTRODUCTION

Mental health treatment of juvenile offenders provides a unique opportunity for treatment providers. Although the work may be challenging, the clinical needs and opportunities for early and meaningful interventions are significant. Adjudication “is the court process that determines (judges) if the juvenile committed the act for which he or she is charged. The term ‘adjudicated’ is analogous to ‘convicted’ and indicates that the

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court concluded the juvenile committed the act.”<sup>1</sup> Youth are most often adjudicated for violence directed at others, vandalism, burglary or robbery, status offenses including curfew violation, loitering or disorderly conduct, truancy, running away, underage drinking, trespassing, weapons offenses, drug abuse violations, and driving under the influence. Less common reasons for adjudication include aggravated assault, homicide, manslaughter, arson, gambling, embezzlement, forgery, counterfeiting, prostitution, obstruction of justice, and sexual deviance.

Many reasons for the adjudication of youth exist. Often the youths’ causes for adjudication are complex: comorbid psychosocial conditions and stressors are common. Youthful offenses are frequently influenced by poverty, disenfranchisement, poor access to jobs, residential segregation, schools ill-equipped to address acting-out behaviors, family structure including single-parent households and family disruption or a parent in prison, substance use, mental health disorders, and so forth. Community-level structural factors impede systemic social organizations and often impede living within the constraints of the law.

Mental health care of youth involved in the juvenile justice system provides a unique opportunity to approach and remedy social constraints and psychiatric illness. Adjudicated youth have significantly higher rates of mental illness than youth in the general population. The prevalence of mental health disorders in adjudicated youth in nonresidential facilities is estimated to be 50%.<sup>2</sup> The prevalence of mental illness among youth involved in the juvenile justice system located in residential treatment facilities is estimated to be between 65% and 70%.<sup>3</sup> Youth in the juvenile justice system can have any illness within the spectrum of mental illness. Behavioral disorders like conduct disorder are the most frequently diagnosed mental illnesses in adjudicated youth at 46.5%<sup>3</sup> and 62% for male youth and 48% of female youth.<sup>4</sup> Substance use disorders occur in 46.2% of adjudicated youth.<sup>3</sup> Anxiety disorders are estimated to affect 34.4% of youth in the juvenile justice system,<sup>3</sup> and 18.3% of adjudicated youth have mood disorders (according to Wasserman and colleagues<sup>3</sup>). Fazel and colleagues<sup>4</sup> reported that 10.6% of male youth and 29.2% of female youth have clinical depression. Attention-deficit/hyperactivity disorder prevalence is measured at 21% for male youth and 24% for female youth. In addition, it is estimated that up to 19% of detained youths are suicidal, and approximately 50% of female youth in juvenile justice system have symptoms of posttraumatic stress disorder (PTSD). It is common for youth to have more than one mental disorder. When conduct disorder is removed as a possible mental disorder in adjudicated youth, 66.3% of youth meet criteria for a mental disorder.<sup>5</sup>

The problems adjudicated children face are diverse. Each child’s social and mental health needs are unique. Despite the heterogeneity of the problems faced by adjudicated youth, mental health treatment has been shown to reduce recidivism rates by 25% compared with children who are not treated for psychiatric illness.<sup>6</sup> The most successful programs have reduced recidivism rates by 25% to 80%.<sup>7</sup>

## PRINCIPLES OF ADJUDICATED YOUTH MENTAL HEALTH TREATMENT

Juvenile court provides access to mental and physical health treatment, social services, family-based services, and educational services. The services provided should be child and family focused, culturally competent, and community based. Treatment should coordinate and collaborate with all integrated systems of care to create a unique and individualized treatment approach. However, resources provided to adjudicated youth often try to fix the youth and the individual problems faced without taking into account the family’s needs, the community, and the culture. Furthermore,

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