

Concern Rising Over Use of Juvenile Prisons to 'Warehouse' the Mentally Ill

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Sheila M. just turned 16. She suffers from both mental retardation and manic depression. In the last four years, after her mother died of a heart attack during a family quarrel and her father was arrested for beating her, she has been transferred more than 65 times between children's shelters, group homes, psychiatric hospitals and juvenile jails, many of them rushing to unload her on another agency, court records show.

Sometimes she is moved so abruptly that even her lawyer, her social worker and her psychiatrist cannot find her.

Sheila, whose last name cannot be made public because she is a juvenile, is now also charged with vandalism. That is a felony that in juvenile court could earn her a three-year sentence. She was accused of breaking a pipe in a bathroom at a children's shelter after being locked in there for punishment. And one more thing: She is pregnant.

Sheila illustrates the plight of an increasing number of young people suffering from mental illness or mental retardation or both, who, because of cutbacks in the mental health system and reduced mental health coverage by insurance companies, are falling into the juvenile justice system.

There are no precise figures, but the Coalition for Juvenile Justice in Washington, a federally financed group appointed by the nation's governors, cites estimates that 50 percent to 75 percent of teenagers in the juvenile justice system nationwide have a diagnosable mental disorder. Perhaps 15 percent to 20 percent of them suffer from a severe mental illness like manic depression or schizophrenia. More alarming, these numbers appear to be growing, say experts who have studied the problem in Illinois, New York and Texas.

"It is a serious national problem," said Terry Friedman, presiding judge of Los Angeles County Juvenile Court. "In essence, we are criminalizing mental illness among young people who, through no fault of their own, have been abused or neglected by their parents, then bounce around the child dependency system, and finally, because they are untreated, their illness leads them to act out, sometimes violently, so we lock them up in the juvenile justice system."

But a recent confidential memorandum detailing Sheila's case from her lawyer, Maggie Brandow, to Judge Friedman has aroused deep concern in the judicial community here and may serve as a catalyst for improvements in the treatment of emotionally disturbed youths. The judge made the memorandum available to The New York Times.

In it, Ms. Brandow said, "Moving around every few days would be extremely disruptive to any child, but it is even more distressing for a child who suffers from serious mental illness." A result, she said, is that the anti-psychotic drugs prescribed for them get lost and there is no continuity of therapy or special education.

Recently, over the objections of the district attorney's office and all state and county agencies who had dealt with Sheila, Judge Harold Shabo of Los Angeles Superior Court ruled that the County Department of Children and Family Services and the California Department of Developmental Services, both of which have repeatedly tried to reject Sheila, must work out a customized way to treat her, and not just abandon her by pushing her into a trial in juvenile court. Judge Shabo, who is in the mental health section of Superior Court, heard Sheila's case because she might be committed to an agency dealing with the mentally retarded and dangerous.

Soon, partly as a result of Sheila's case, the Los Angeles County Board of Supervisors is to vote on setting up the first juvenile mental health court in the nation. The court, which would include specially trained judges, prosecutors and probation officers, would seek to have young people treated and avoid a criminal record.

There are four mental health courts in the nation, intended to keep emotionally disturbed adults out of jail or prison, in San Bernardino, Calif., Seattle, Anchorage and Fort Lauderdale, Fla. Some mental health advocates are skeptical of their value, since the advocates say the courts do not solve the fundamental problem: a lack of money for hospitals and clinics to which judges can send emotionally disturbed people.

But there is no question the situation for emotionally troubled teenagers is getting worse, experts say.

"The numbers are startling, and the juvenile justice system has largely become a warehouse for children suffering from mental illness," said Nancy Gannon, deputy executive director of the Coalition for Juvenile Justice, which is completing a yearlong study of the problem.

In Texas, officials of the State Youth Commission say they have seen an increasing number of young people with mental illness sent to juvenile prisons in the last few years, and some evidence that the level of sickness is also becoming more severe among these youths.

In Manhattan, Dr. Michael Pawel, executive director of the August Aichhorn Center for Adolescent Residential Care, said doctors agreed that the number of youths with mental illness caught in the juvenile justice system in New York was growing larger. The waiting list for his institution is also

growing, he said.

Linda A. Teplin, a professor of psychiatry at Northwestern University, who has been trying to calculate the percentage of mentally ill teenagers in the juvenile justice system, said, "From our preliminary data we think it is even higher among kids than among adults." In an earlier study, she found that 9 percent of men and 18 percent of women in the Cook County jail in Chicago had a severe mental disorder.

The problem is particularly acute for children like Sheila, with a dual diagnosis -- mental illness and mental retardation. There are no national estimates of their number, but Ms. Brandow, Sheila's lawyer, has found that at the MacLaren Children's Center, this city's emergency children's shelter, 35 of the 150 residents have a diagnosis of both mental illness and mental retardation. Four years ago, only five of MacLaren's residents had a dual diagnosis, she said.

Children are supposed to stay in MacLaren for only a few nights, Ms. Brandow said. But those with a dual diagnosis are difficult to treat, and none of the group homes or hospitals in the county will take them, she added, so they wind up at MacLaren, some staying six months to a year.

Many of these children have trouble learning or following instructions -- standing in line, for example. So frustration builds and they may act out -- shouting, hitting someone or running away -- which leads to their being arrested and tried in juvenile court. Since January, 53 children at MacLaren have been arrested.

Ms. Brandow, a lawyer for Mental Health Advocacy Services, a legal aid group in Los Angeles, has other youthful clients with a dual diagnosis. She described the case of a 13-year-old boy with a diagnosis of manic depression and mental retardation, who was first brought to a group home at age 5 after he was abandoned by his drug-addicted mother and repeatedly raped by an uncle.

The boy has no short-term memory and cannot understand conjunctions, so he is unable to follow most instructions. After his arrest for killing a dog, he was sent to a juvenile jail. The staff there took away his anti-psychotic drugs, and he laughed at the wrong time or fell out of line and was put in solitary confinement, worsening his condition.

Sheila's troubles started before she was born. Her mother, an alcoholic, drank at least a pint of vodka a day while she was pregnant, court documents show. Dr. Michael Malkin, a psychiatrist and medical director of Juvenile Court Mental Health Services in Los Angeles, said fetal alcohol syndrome, which caused brain damage, was the root of her problems.

After hyperactivity disorder was diagnosed when she was 5, Sheila was expelled from kindergarten for hitting a teacher, and by 11 she had been hospitalized eight times for troubles like hearing voices that told her to "be bad" and for throwing chairs or tearing up her apartment, records show. Sheila has said she might have caused her mother's fatal heart attack when her mother told her to take a bath and Sheila began kicking and stomping her.

Sheila's journey through state institutions began in 1996, two years after her mother died, when a neighbor saw her father choking her and beating her with a cane and called the police. One reason Sheila has been transferred so many times is her combination of disorders, which makes her harder to treat than a person suffering from either mental illness or mental retardation alone, doctors and officials say.

But the court records show that government agencies often tried to foist Sheila on one another, claiming the other office was better equipped to handle her. For example, Metropolitan State Hospital, the only remaining state psychiatric hospital in California that admits juveniles, has rejected her twice on the grounds that her I.Q. of around 60 is too low to enable her to participate in therapy.

Similarly, Harbor Regional Center, which helps retarded people under contract to the California Department of Developmental Services, said in a letter in July that it could not treat Sheila because she was too mentally ill and therefore too aggressive and dangerous.

"Sheila's developmental disability (mental retardation) is mild, while her mental illness is severe," a Harbor official wrote to a judge.

But all the shuttling back and forth has taught Sheila precisely the wrong lesson, that acting threatening or running away gives her power over others, said Melissa Sweitzer, a psychologist who examined her. "Sheila enjoys the attention and power she receives from engaging in the behavior," Ms. Sweitzer wrote.

The constant transfers have been "a psychosocial disaster" for Sheila, said Dr. Paramjit Joshi, chairman of psychiatry at Children's National Medical Center in Washington and an expert on juvenile manic depression and young people with a dual diagnosis. "What she most needs," Dr. Joshi said, "is a stable environment where she can form bonds."

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