

Rethinking mental health care for young offenders

Mental illness is common among detained youth, and treating them effectively might mean changing the juvenile justice system. Ted Alcorn reports from New York City.



On any given day, some 70 000 children younger than 18 years are confined by the US criminal justice system—awaiting sentencing, assigned to the custody of the juvenile justice system, or in some cases, for those who have committed serious offences, imprisoned with adults. For more than a century the American criminal justice system has aspired to treat these children differently from adult prisoners—as a group in need of reform or treatment rather than punishment—but in most cases it has failed to deliver on this promise.

An increasing body of research demonstrates that much of the misbehaviour landing youths behind bars might stem from untreated mental illness. Linda A Teplin, who runs the Northwestern Juvenile Project, a longitudinal study of 1800 detained youths in Cook County, Illinois, has found that more than two-thirds had a diagnosable mental illness at intake. The juvenile justice system is thus delivering mental health services, which it was not set up to provide.

Finding treatments that address rather than aggravate the problems of detained youths has ramifications that ripple far beyond those behind bars, says Teplin. “Many people think of us as having two different populations—people in the community and people in the correctional facilities—but it’s one group, because everybody returns eventually”, she says. “It’s an artificial dichotomy and it enables people to be complaisant about ‘us’ versus ‘them’, especially when the ‘them’ is disproportionately poor and people of colour.”

Ending solitary confinement

For decades, advocacy groups have opposed the use of solitary confinement—in which prisoners

are isolated from all human contact for as much as 23 hours a day—on the grounds that it exacerbates mental illness, but they have had little hard evidence to make their case. This March, researchers from the New York City health department published some of the first empirical research on the subject, drawing on electronic health records from nearly 250 000 incarcerations in the city’s jails. They found strong associations between solitary confinement, severe

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mental illness, and suicide attempts. Those aged 18 years or younger were at highest risk for self-harm (New York is one of only two states that charges youth as adults beginning at age 16 years).

Just weeks prior, New York State announced it was ending the solitary confinement of youth in its facilities, making it the country’s largest prison system to eliminate the practice for juveniles. The decision, which will also end solitary confinement for pregnant prisoners and those with severe mental illness, was the result of a lawsuit brought on behalf of a prisoner who had spent more than 2 years in isolation for a non-violent infraction.

Though the decision does not apply to juveniles in jails overseen by New York City, Robert Cohen is hopeful the city’s facilities will follow the state in curtailing the practice. A former medical director of Riker’s Island, the city’s largest

jail, and now a member of the Board of Correction, he says the new research demonstrates the severe adverse consequences of the practice, particularly for juveniles. “Incapacitating people in solitary confinement for weeks, months, years is chilling, I think, as a citizen, and as a parent, and as a doctor.”

Reforming juvenile justice

Improving the treatment of juveniles in adult facilities will only touch a fraction of incarcerated youths: for every person younger than 18 years in adult jails or prisons, there are eight in the juvenile justice system. But across the country there are halting efforts being made at reform. Eric Trupin, director of the Public Behavioral Health and Justice Policy programme at the University of Washington, singles out New York City. “In terms of implementing evidence-based practices for child welfare and juvenile justice, it’s one of the most if not the most progressive places in the country.”

New York is currently amidst a reform initiative named Close To Home that will ultimately

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Andrew Lichtenstein/Cobis

transfer several hundred youths who were previously held in large, poor-performing institutions upstate to smaller facilities scattered across the five boroughs of New York City. The initiative reflects a growing understanding that youths held in residential placements do better when they can retain and build on educational and professional opportunities in their own communities. Schooling provided through the new facilities will dovetail better with the curriculum of the city school system. Hiring sufficient numbers of qualified staff is also easier to do in New York City than it is in Albany.

Although there is broad support for the initiative in theory, opinions about its implementation are mixed. Although only juveniles requiring the least restrictive “non-secure” placements were transferred in the first phase of the initiative, the new residential placements failed to keep track of them. In May, 2013, 27% of the youths were absent from their placement for more than 24 hours without permission, and several committed serious crimes. Christopher McKniff, a spokesperson of the Administration for Children’s Services, says the agency addressed the issue aggressively and had reduced the absentee rate to 15% by the end of 2013. They have also delayed the transfer of detainees requiring more restrictive limited-secure placement until late 2014, but some observers think that timeline is still too tight. And the stakes will be even higher for achieving a balance between integration and security.

In the heart of Brooklyn

Moving less-violent juvenile offenders out of facilities and back to their communities ultimately leaves a distilled group of youths who have committed serious crimes and suffer from severe mental illness. The August Aichhorn Center for Adolescent Residential Care, which has operated

a psychiatric hospital in Manhattan since 1991, opened a secure residential treatment facility (RTF) to house such individuals in the Brownsville neighbourhood of Brooklyn in June, 2012. It is, in essence, an ambitious effort by the juvenile justice system to return the most seriously disturbed youths to a health-care model that can deliver the treatment they need.

All of the residents of the RTF committed serious crimes before their 16th birthdays including assault, robbery, and sex offences. Many had been held in other juvenile facilities but were kicked out for being unmanageable, and others had been held in adult facilities and were subject to solitary confinement. “There was a

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lot of trepidation about what would happen to them here”, says executive director Michael Pawel, “and the fact is that everyone has been astonished. Nothing has happened.”

The RTF has developed its own model of care but reflects features that have worked elsewhere. The residents live in co-ed eight-person units, under constant direct supervision by child-care workers and overseen by a single unit leader invested with ultimate authority over their everyday lives. They attend class from 0830h to 1430h to keep up with their peers on the outside. Staff meet weekly to share information about the progress and setbacks of each resident and everyone—whether psychiatrists, teachers, nurses, or child-care workers—participates. Pawel says this equality and openness are indispensable. “In the small world of the RTF, as in the large world of turbulent societies, the only real security arises from a shared sense that everyone’s feelings and needs can be heard and respected.”

Atypical of many facilities, the RTF does not employ mechanical restraints to subdue youths when they get out of hand, and it refuses to kick anyone out. Tonya Parker, who began working at the Manhattan facility as a child-care worker 22 years ago and now directs the Brooklyn RTF, explains that this rule obliges them to make progress with every resident, no matter how difficult, and provides the youths with a sense of security they might have never felt in the past. A resident knows “we’re not going to call the police in here. We’re not going to psychiatrically hospitalise you. And when you leave, it’s because it’s time for you leave and you have a better place to go”, she says.

With only 20 discharges in as many months of operation, it is too soon to measure the longer term outcomes of their approach, but an internal assessment of alumni of the Manhattan facility found they were 34% less likely to be re-arrested than juveniles who had been referred to the centre but turned away for lack of space.

Parker referred back to a tall male resident who had shown *The Lancet* his sparsely decorated room and described the RTF favourably in comparison with a larger facility that had previously held him upstate. When adhering to medical treatment he is polite and pleasant, Parker explains; when he is not, he has “torn the unit apart and tossed staff in different directions”. Now on the eve of his 18th birthday, he will soon be leaving the RTF to return to the community and the goal, as with all patients, is to get him to the point where he can better regulate his own behaviour, and internalise the routines—pharmacological and otherwise—that help him stay in control.

As Pawel explained, “For better or for worse, as adults, people ultimately have to take care of themselves”.

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