

Mental Health and the Juvenile Justice System: Where Has History Taken Us?

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Juvenile justice is a system designed to navigate youth crime via police, court, and correctional involvement, but history has shaped and given this system the responsibility to also function as a vast mental health care system. Understanding this system's past helps to highlight changes that must be made for its future.

HISTORICAL CONTEXT

From ancient Greek civilization to English Common Law, the precedents to the American system, youth offenders were punished as adults, and although this has largely changed, a gray area clouds the way children are viewed in criminal justice today (1). In the early 1800s, with the introduction of child psychodynamics in America, the field recognized that children do not have the same moral capacity as adults (2). Childhood consists of unique developmental stages, including adolescence (3). As child poverty rates increased during the 1800s, reform movements decriminalized delinquency by removing youths from the adult justice system to "treat" youthful offenders rather than punish them (4). Children were placed with families in rural areas, houses of refuge, reform schools, and group cottages (5).

JUVENILE JUSTICE IN THE UNITED STATES

In the 1960s, due to rising crime rates, the juvenile justice system shifted from a community-based system to a punitive-based system, straying from the original vision (6). Over the next 30 years, harsher punishments were given in an endeavor to prevent homicides, as part of the "get tough" movement and the

"war on drugs" during President Ronald Reagan's administration (7). Simultaneously, public mental health services for children decreased, and this rerouted youths into the criminal justice system (including the adult system), which is now primarily comprised of correctional facilities (8).

Until the 1990s, reliable studies on mental health statistics in the juvenile justice system were scarce (9, 10). Federally mandated research and investigations on mental health services in the system were conducted for the first time in 1998, revealing inadequate mental health care and screenings in several states (11). It was also during this time that recognition of the mental health needs for all youths grew, and leaders realized that previous estimates of the prevalence of "emotional disturbance" in this population were low (12, 13). Lastly, until this point, a stark disparity existed in the legal mental health rights between youths and adults in the criminal system (14). Although the need for large-scale change in the punitive system was acknowledged during this time, the problems were deeply rooted and still affect our system today.

Clearly, psychiatry and the juvenile criminal justice system are historically intertwined. According to the Northwestern Juvenile Project, a longitudinal study that began in 1998 in Cook County, Illinois, 66% of males and 74% of females arrested and detained in the area had a mental disorder, with one in 10 having thoughts of suicide or a prior suicide attempt. Ninety-three percent of youths in this study had experienced physical, sexual, or verbal trauma, and 47% of females and 51% of males suffered from a substance use disorder (15). Similar results have been replicated in other studies,

including a national study administered by the Office of Juvenile Justice and Delinquency Prevention that surveyed more than 7,000 youths in over 200 centers nationally (16). These findings are startling considering that 1.3–2.2 million youths were arrested annually between 2012 and 2016 (17). According to the Office of Juvenile Justice and Delinquency Prevention, although the juvenile crime rate has decreased nationally, the rate of children and adolescents processed in the system yearly has significantly increased since 1985, and an increased proportion of cases result in detention (18). Research has shown that long-term confinement in the justice system alone is detrimental to mental health (19). This is distressing, since those entering the system have higher rates of mental disorders to begin with (15).

Mental health screening, assessment, and treatment became mandatory in the early 2000s (20). However, a gap persisted between policy and implementation, and these policies alone are not an adequate resolution for an incredibly entrenched and multifactorial disparity. In 2006, the Federal Advisory Committee on Juvenile Justice reported that lack of appropriate staffing, lack of administrative capacity, insufficient research, heavy caseloads for social workers, lack of wraparound services, and lack of vigilant monitoring of adherence to mental health guidelines and policies are all barriers to successful implementation (21).

CONCLUSIONS

More recently, the system has been working toward a more rehabilitative and collaborative, versus punitive, approach, and, slowly, legal changes have been made (22). However, more needs to be

KEY POINTS/CLINICAL PEARLS

- Historically, youth offenders worldwide were punished as adults, and it took a much deeper understanding of development before reform occurred.
- Despite our knowledge of development, politics and history in America have shaped the juvenile justice system to, in many ways, still treat children as adults and to function as a vast mental health care system.
- Research that has been conducted in the juvenile justice system reveals that children involved with this system have higher rates of suicidality, trauma, and other mental disorders, and the long-term confinement these children undergo is even more detrimental.
- Mental health screening, assessment, and treatment became mandatory in the system in the early 2000s, but a gap still exists between policies and intervention.

done. Screening and assessments must be conducted earlier in the process and become completely standardized and research-based (20). Research has shown that diversion programs and evidence-based treatment services, such as wrap-around services and various types of therapy, are more efficacious when they are centered in the community rather than use of these treatments within the system (8, 20). Moving forward, the juvenile justice system should play a larger role in connecting children and adolescents with child protection, education, and outside child welfare agencies.

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