

Problems with access to adolescent mental health care can lead to dealings with the criminal justice system

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Mental disorders collectively constitute the largest burden of disease in young people. They have substantial negative short- and long-term outcomes across many domains, yet early identification and effective intervention can improve outcomes and can often lead to recovery. Unfortunately, many young people do not receive the mental health care they require and may consequently enter the justice system. Studies of incarcerated youths show that up to 70% of them have mental disorders. Many of these youth receive primarily custodial care. A variety of social, legal and medical interventions can and should be implemented to ensure that young people suffering from mental disorders do not inappropriately enter the justice system due to lack of access to health care and other services.

Key Words: *Adolescents; Criminality; Justice; Mental health*

Adolescence is an important developmental period characterized by substantial physical, emotional, behavioural, educational/vocational and social transitions (1). Fifteen per cent to 20% of young people experience substantial mental health problems, usually as a result of mental disorders (2,3) or risk-taking behaviours (4-6). Mental disorders are highly prevalent in young people, comprising approximately one-third of the global burden of disease in this age group (7); approximately 75% onset before 24 years of age (8,9). In adolescence, they may be the continuation of disorders first occurring in childhood or may be the first onset of what frequently continues as a life-long difficulty with substantial morbidity, significant socioeconomic consequences and increased early mortality (7,10-13).

While well-established, effective treatments exist (14-16), recent studies (3,17-20) estimate that only 25% to 30% of young people who need mental health treatment receive it. Two of every three depressed children do not receive an appropriate diagnosis by a primary care physician (21,22), and even when a diagnosis is given, only 50% receive appropriate treatment (23). While recent attempts have been made to develop standardized treatment guidelines for adolescent mental disorders (ie, guidelines for adolescent depression in

Les problèmes d'accès aux soins de santé mentale pour les adolescents peuvent entraîner des démêlés avec le système de justice criminelle

Les troubles de santé mentale constituent collectivement le principal fardeau de maladie chez les jeunes. Ils ont des issues négatives importantes tant à court terme qu'à long terme dans de nombreux domaines, mais un dépistage précoce et une intervention efficace peuvent améliorer les issues et souvent favoriser un rétablissement. Malheureusement, de nombreux jeunes ne reçoivent pas les soins de santé mentale dont ils ont besoin et, par conséquent, ils peuvent avoir des démêlés avec le système de justice. Des études auprès de jeunes en détention révèlent que jusqu'à 70 % d'entre eux ont un trouble de santé mentale. Bon nombre de ces jeunes reçoivent surtout des soins en milieu surveillé. Il est possible de mettre en œuvre diverses interventions sociales, juridiques et médicales et il faut le faire pour s'assurer que les jeunes atteints d'un trouble de santé mentale n'intègrent pas le système de justice sans raison à cause d'un manque d'accès aux soins de santé et à d'autres services.

primary care [24]), a substantial gap remains between treatment need and treatment availability (17).

ACCESS TO SERVICES AND BASIC HUMAN RIGHTS

This substantial gap between need and treatment availability exists in spite of well-established evidence of treatment efficacy and in contravention of a young person's right to health care. For example, the United Nations Declaration on the Rights of the Child states that "the child who is physically, mentally or socially handicapped shall be given the special treatment, education and care required by his particular condition" (25). The United Nations Principle for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care (26) defines mental health care as "analysis and diagnosis of a person's mental condition, and treatment, care and rehabilitation for the mental illness or suspected mental illness". Furthermore, the Declaration on the Rights of the Child (25) document states that "no child shall be subjected to torture or other cruel, inhuman or degrading treatment or punishment" and that the rights of children with 'special needs' will be 'safeguarded'. The Principle for the Protection of Persons with

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TABLE 1
Summary of statistics of mental disorders in adolescents and within the criminal justice system

15–20	Per cent of youth who have a diagnosable mental illness
75	Per cent of mental illness that onsets before 24 years of age
1/3	Of the global burden of disease accounted for by mental illnesses in adolescence as outlined by the World Health Organization
25–30	Per cent of youth needing mental health treatment who actually receive it
70+	Per cent of incarcerated youth who have a diagnosable mental illness (including substance abuse)
2–4	Number of times presence of mental illness is greater in an incarcerated youth population compared with the general population
1/3	Incarcerated males needing mental health services who report receiving them
1/4	Incarcerated females needing mental health services who report receiving them

Mental Illness and for the Improvement of Mental Health Care (26) states that “all persons with a mental illness, or who are being treated as such persons, shall be treated with humanity and respect for the inherent dignity of the human person” and “access to a mental health facility shall be administered in the same way as access to any other facility for any other illness”. Thus, the appropriate address of mental health care needs of young people is not only a well-established clinical necessity, but is also mandated by significant ethical and moral principles as part of the right to health.

OVER-REPRESENTATION OF MENTAL ILLNESS IN THE CRIMINAL JUSTICE SYSTEM

These issues notwithstanding, mental health care that meets the needs of Canadian young people is not readily available (20,17). Problems include long waiting lists for specialty mental health services, lack of mental health care in primary care, inadequate numbers of health providers with necessary mental health competencies, poor coordination among institutions and organizations serving young people and government agencies tasked with ensuring service provision, and lack of specific child and youth mental health policies at both provincial and federal levels (2,17-30). Recently, concerns have been raised about the increasing numbers of young people suffering from mental health problems who seem to be directed into the juvenile justice system because of a lack of accessible and appropriate mental health care (18,31-33). According to the Criminal Justice/Mental Health Consensus Project (34), detention facilities have become the largest providers of mental health services for young people, and are often considered the last resort for mentally ill youth and their families.

Twenty-five per cent of those hospitalized for a mental illness have a history of criminal behaviour (32). The best available estimates note that up to 70% of incarcerated adolescents may suffer from a mental disorder (including alcohol or drug abuse), with a significant proportion experiencing functional impairment as a result (35-37) (Table 1). Furthermore, while most offenses committed by persons suffering from a mental disorder are nonviolent, the presence of a mental disorder at

the time of apprehension for suspicion of a criminal act increases the likelihood of a negative outcome in terms of subsequent contact with the justice system. This includes higher rates of arrests at the scene of the offense (38), longer detention periods and higher rates of recidivism (39).

The reasons for the high rates for mental health care needs among incarcerated youth are multifactorial and complex (31,32,40,41). Compared with the general adolescent population, the prevalence of mental disorders in the criminal justice system is now two to four times greater (32,42) (Table 1). The presence of such large numbers of youths with significant needs for mental health care has put substantial strain on the justice system, which has not been designed nor created to deal with them (43,44). Only one-third of incarcerated males and one-fourth of incarcerated females needing mental health services receive them (45,46), raising concerns that custodial interventions are replacing the need for therapeutic mental health care (47). Effectively addressing the mental health needs of young people before their becoming involved in the juvenile justice system may result in fewer incarcerations and improved short- and long-term personal, social and economic outcomes.

A variety of mental health problems are known to increase the risk for entry into the juvenile justice system. These include individual factors (such as the presence of mental disorders), familial risk factors (ie, family history of incarceration or mental disorder, and problematic parenting) and community risk factors (ie, resident in high crime and high drug use neighborhoods). Addressing the mental health-related aspects of each of these risk factors may be an appropriate approach toward effectively dealing with this issue (48). In all risk domains, it is essential that interventions be demonstrated to be effective using well-established program effectiveness criteria (49). Unfortunately, many of the interventions currently used either have not been properly evaluated or are known to not demonstrate positive robust outcomes (48-50). It is essential that when prevention or intervention programs are put into place, they meet fundamental criteria of scientific integrity and program accountability (51).

NEGATIVE EFFECTS OF INCARCERATION ON MENTAL ILLNESS

It is well-appreciated that the prison environment may lead to or exacerbate mental health problems such as victimization by other inmates or by prison staff, and access to illicit substances. Additionally, separation from social supports may cause further stresses that in the presence of toxic environmental pressures may increase the risk or exacerbation of mental problems in vulnerable youth (34,52). These and other factors may interact to increase the risk for suicide, which is elevated in this population and is indicative of poor mental health (6,53,54). Furthermore, the common misperception that persons living with mental illnesses are violent (the reality is that they are more commonly victims of violence) is perpetuated by incarceration of young people suffering from mental disorders (55).

POTENTIAL SOLUTIONS

Unique programs exist that attempt to divert persons with mental disorders from the criminal justice system to community-based mental health treatments and other social supports. Preliminary results demonstrate a number of positive outcomes including reduced risk for recidivism, less jail time, more involvement with mental health professionals and increased use of community-based services (32,56). Their utility, however, is dependent on the availability of highly trained staff, a judiciary that is familiar with and supportive of this approach, and effective collaboration with health, mental health and community service providers. However, not all such programs may be equally useful. For example, programs that require the admission of guilt before treatment is provided can perpetuate stigma associated with both mental illness and incarceration (43,56).

Another potential solution involves screening for mental health disorders and addictions at intake into the criminal justice institution to identify issues that need to be addressed during the rehabilitative process (6) (Table 2). However, access to appropriate and timely services within the justice facility, while integral to rehabilitation, may not be available.

Other potential solutions include mental health literacy and sensitivity training for judges, first responders and juvenile justice workers. Although this will require substantial redesign of the current approach to mental health care delivery (57), it must be addressed. From a policy perspective, it is hoped that the recently constituted Mental Health Commission of Canada may be able to play a role in the innovative modelling that is necessary to move this solution forward.

Additionally, we require substantial investment in research addressing optimal approaches to preventing mental disorders in young people and in programs that can most cost-effectively lead to optimal outcomes for youth who are involved in problematic behaviours. Unfortunately, the paucity of high-quality scientific evidence for the effectiveness of many commonly used interventions does not engender confidence in programs currently offered (2,27,44,50). New programs must be rigorously and scientifically evaluated to determine their outcome effectiveness. This necessity also applies to the development and application of mental health and related interventions provided for young people currently

TABLE 2
What are the possible solutions?

Diversion programs
Divert persons with mental disorders to community-based mental health treatment and other social supports
Mental health screening at intake into criminal justice institution
Mental health literacy and sensitivity training for judges, first responders and juvenile justice workers

involved in the criminal justice system (35,44,58). A recent federal report (20) on the need to address the mental health problems of Canadian young people may spur collateral interest in this previously neglected subgroup.

Currently, it is not clear whether the national political climate is favourable to implementation of these possible solutions. In addition to the many 'priorities' constantly being juggled by policy makers and providers alike, there may be more ideologically driven perspectives that focus on traditional 'law and order' rather than mental health therapeutic approaches to this issue (59).

CONCLUSION

It is well known that mental disorders are the most commonly disabling medical conditions in young people, and that there is both a clinical and ethical imperative to address them in the most appropriate, evidence-based and cost-effective manner. It is also well appreciated that the availability of high-quality mental health care for young people falls short of need, and there are serious concerns that this is leading to displacement of youth into a criminal justice system that is both poorly equipped and an inappropriate forum to deal with their mental health needs.

A variety of solutions exist, but more need to be developed. Currently, good evidence is available to support the application of a variety of intervention and prevention programs – these should be implemented. Additionally, good evidence exists that some programs currently in place are neither effective nor cost-effective – these should be discontinued. Further research into the development and delivery of new evidence-based interventions is necessary and innovative approaches to the delivery of mental health care rather than traditional mental health services need to be explored.

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