



POLICY BRIEF

Mental Health Services for Justice-Involved Youth

Torie Wheatley
University of North Carolina at Charlotte

Introduction

Roughly, two million youth are arrested in America each year and 70% of the youth who are incarcerated have a mental health condition (<https://www.nami.org>). Despite the decline in numbers of justice-involved youth, there is still a great need to evaluate the policies, efforts, and the effectiveness that contribute to the mental well-being of incarcerated individuals, especially youth. In Charlotte, North Carolina the first voluntary behavioral health jail psychiatric unit opened in 2018 and Durham slightly before in 2017 (<https://www.northcarolinahealthnews.org>). A large portion of the justice-involved youth population are results of the lack of access to mental health initiatives within their community. Assessment measures and resources for providing those services are scarce. This policy brief will address the current policies and climate centered on mental health services for justice-involved youth.

Literature Review

Much of the research and literature conducted addresses the overrepresentation and disproportionality that contributes to the mental and physical incarceration

of justice-involved youth. Alarming statistics show that Hispanic youth are 61 percent more likely than Whites to be committed of a crime are, Black youth are four times more likely and Indigenous Americans are three times more likely to be convicted of a crime than their White peers are. Black and Hispanic faces compose 71 percent of the American prison population (Love,2019).

In the 2017, Disability Rights North Carolina report, alarming numbers reveal that suicide rates in jail are higher than the national average (46% in NC in comparison to 35% nationally) (<https://www.disabilityrightsnc.org>). Statistics reveals that, up to 90% of justice-involved youth have encountered or endured a traumatic event in their lives and roughly, 70% of youth meet the requirements for a mental health disorder (Dierkhisinget al., 2013). Within those statistics, approximately 30% of youth meeting criteria for post-traumatic stress disorder

(PTSD) (Dierkhisinget al., 2013). Depression in youth increased from 8.5% in 2011 to 11.1% in 2014 and 80% of youth do not have adequate treatment (namicharlotte.org). Over a third justice-involved youth who receive mental health services do not

receive properly assessed and implemented evaluations due to the lack of standardization, training from the staff and substantial assessments. As a result, mental health interventions are not reliable.

Mental Health Policies for Justice-Involved Youth:

More attention is being placed on adolescent brain development research, which is being used to argue that it is unjust and scientifically impossible to trail an adolescent with an adult crime due to the underdevelopment of their brain (<http://www.clbb.mgh.harvard.edu>). The North Carolina House Bill 781, which was passed in May 2019, addresses laws that evaluates mental health concerns and practices of imprisoned youth (<http://www.ncsl.org>).

Although the bill has passed, there are several gaps within the policy that does not evaluate the effectiveness and positive outcomes of these programs for the mental health of justice informed youth (<http://www.ncleg.gov>).



Policies that address procedures and rights of youth in North Carolina focuses on providing students who are enrolled in a North Carolina school and diagnosed with a physical or mental disability described in an IEP or 504 plan. These policies fail to address youth who are in correctional facilities that may or may not be enrolled in traditional school courses. North Carolina 100-2.35 policy pertaining to assuring that children can transition into the “real world” by providing various programs and outputs for disabled children within the school system (<http://www.ncleg.gov>). The policy fails to address students that are mandated by the court or other legal affiliations to be in a correctional facility and limits children that are not diagnosed by trained school personnel. Various states that house justice involved youth, such as Tennessee, Pennsylvania, North Dakota and Oregon, have policies that mandate these facilities to administer mental health assessments to detect and treat mental illnesses.

Unfortunately, as previously stated the assessments are not equitable, sustainable, or properly implemented nationwide. Limited access to physical activity is a crucial factor in the mental and physical development of youth, according to much accredited research. According to the North Carolina policy NC, 1501-2.6 states that students with disabilities who are receiving FAPE must be given the opportunity to receive appropriate physical education. Again, the policy does not include incarcerated youth that are not within a traditional school setting. Research presented by The United States Department of Health and Human Services and the World Health Organization suggest that youth ages 10-19 years old should have 60 minutes of moderate-to-vigorous physical activity (MVPA) daily (Brusseau et al., 2018).

Recommendations for Mental Health Reform:

Proper implementation of equitable and standardized assessments is an important initiative for assuring and improving the conditions of mental health services for

incarcerated youth. Ensuring that qualified professionals are administering the assessments is another imperative component. Facilities can reach out to the communities and local universities for potential volunteers if staffing is a hindrance. Facilities should also explore holistic mental health practices, such as mindfulness-based stress practices (mindfulness) and trauma informed yoga to help promote self-regulation, self-love. Research states “policymakers and practitioners have increasingly called for trauma-informed-care-not punishment-for justice-involved youth(<http://www.ncbi.nlm.nih.gov>). There is becoming an increase in research that focuses on incorporating yoga, mindfulness deep breathing strategies (Spinazzola et al., 2018).



References

- Brusseau, T. A., Burns, R. D., & Hannon, J. C. (2018). Physical activity and health-related fitness of adolescents within the juvenile justice system. *BioMed Research International*, 2018, 9710714. <https://doi.org/10.1155/2018/9710714>
- Centers for Disease Control and Prevention. Mental Health Services for Children Policy Brief.(2019) Retrieved from <https://www.cdc.gov/ruralhealth/child-health/policybrief.html>
- Desai, R. A., Goulet, J. L., Robbins, J., Chapman, J. F., Mogdole, S. J., & Hoge, M. A. (2006). Mental health care in juvenile detention facilities: A review. *American Academy of Psychiatry and the Law*, 204-214.
- Dierkhising, C. B., Ko, S. J., Woods-Jaeger, B., Briggs, E. C., Lee, R., & Pynoos, R. S. (2013). Trauma histories among justice-involved youth: Findings from the national child traumatic stress network. *European Journal of Psychotraumatology*, 4, 10.3402/ejpt.v4i0.20274. <https://doi.org/10.3402/ejpt.v4i0.20274>
- Hoban, Rose. State Prison Leaders Promise Changes to Mental Health Services. (2015, Oct.28). Retrieved from <https://www.northcarolinahealthnews.org/2015/10/28/state-prison-leaders-promise-changes-to-mental-health-services/>
- House Bill 781. (2019-2020). Retrieved from North Carolina General Assembly :<https://www.ncleg.gov/BillLookup/2019/H781>
- Juvenile Justice Bills Tracking Database. (2020, February 11). Retrieved from National Conference of State Legislatures: <https://www.ncsl.org/research/civil-and-criminal-justice/ncsls-juvenile-justice-bill-tracking-database.aspx>
- Know Your Rights: Prisoners' Rights. (2020). Retrieved from American Civil Liberties Union:<https://www.aclu.org/know-your-rights/prisoners-rights/#im-pregnant-and-in-prison>
- Love, Bettina. (2019). *We want to do more than survive: Abolitionist teaching and the pursuit of freedom*. Beacon Press.
- Massachusetts general hospital center for law, brain & Behavior. (2012). Juvenile Justice and Adolescent Brain. http://clbb.mgh.harvard.edu/juvenile_justice/
- National Alliance on Mental Health. The State of Mental Health in America. (2019). Retrieved from namicharlotte.org/state-mental-health-America/
- National Alliance on Mental Health. Juvenile Justice. (2019). Retrieved from <https://www.nami.org/Learn-More/Mental-Health-Public-Policy/Juvenile-Justice>
- Oberle, E.; Schonert-Reichl, K. (2014). Mindfulness in adolescence: New directions for youth development, number 142. <https://ebookcentral-proquest-com.librarylink.unc.edu/lib/unc-ebooks/reader.action?docID=1757964>
- Spinazzola, J., Rhodes, A. M., Emerson, D., Earle, E., & Monroe, K. (2011). Application of yoga in residential treatment of traumatized youth. *Journal of the American Psychiatric Nurses Association*, 17(6), 431-444. <https://doi.org/10.1177/1078390311418359>