

## **A Summary of Current Practices: A National Review of Health and Mental-Health Services in Juvenile Justice Residential Facilities**

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### **Summary**

Young people in the juvenile system are at considerably higher risk for health and mental health problems than are youth not involved in the justice system, ranging from vaccine-preventable diseases to suicides. Health and mental health are one part of the spectrum of ills for this population that range from recidivism and education failure to discrete psycho-physiological diagnoses. The relationship between crime, health and mental health is complex, however, there is a strong legal basis that is research-supported that suggests that tending to the health, and mental health problems of these youth is not only required (at some level that is undetermined), but sound public and social policy. As such, this presentation will address current service provision to identify opportunities and gaps.

There is a tremendous variation among juvenile justice residential facilities as to health and mental health care services provided. Part of the reason for this variation is the lack of national standards or guidelines to regulate treatment, and those that do exist are not evidence-based. Research reveals that facilities don't follow these few standards and guidelines when they exist, anyway. One disturbing trend that our research reveals for multiple health and mental conditions is the reliance on the juvenile to request services in order for them to be provided. This runs the gamut from girls having to ask to be tested for STDs and pregnancy upon admission, to suicide screening. This is bad policy, because evidence clearly shows that requiring these services with or without the youths' request is preferable (*i.e.*, screening every youth within the first 24 hours significantly reduces serious suicide attempts and suicides).

### **Policy Implications**

Involvement in juvenile justice residential facilities provides a unique opportunity to provide health and mental-health maintenance for the adolescent who most likely does not have a medical home. The time that these young, medically underserved, high-risk youth (in terms of medical future, not offending in this case) spend in these facilities represents perhaps the best opportunity for health care workers to intervene. Accordingly, providing quality evidence to guide policies about this ever-increasing priority is imperative. Policies based on anything less will be beneficial only coincidentally; most often will not help, and possibly could be detrimental to the health or mental health status of the involved youth.

These youth will almost all return to the community. Addressing their health and mental-health issues while under the care and supervision of the juvenile justice system will save both future treatment costs and risks to the greater public health.

## Works cited

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