

Issues in Providing Mental Health and Related Treatment Services in Juvenile Correctional Facilities

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AGENDA

- Scope of the Problem
 - Prevalence Data
- Juvenile Correctional Center Treatment Delivery Issues
- Institutional Treatment Delivery Principles

Prevalence of MH Disorders

- 20% of children/adolescents in the general youth population have mental health disorders
- 10% have disorders severe enough to impair functioning within the home, school or community

Surgeon General's 2002 Report on Children's Mental Health

Prevalence of MH Disorders (Cont.)

- Children/adolescents in juvenile justice have rates of mental health disorders 2 – 4 times that of general population
- 60-70% of incarcerated youth have mental health disorders
- Approximately 1 out of 5 (20%) youth in juvenile justice have a serious mental disorder*

*Cocozza and Skowyra, 2000

Prevalence Data for Virginia

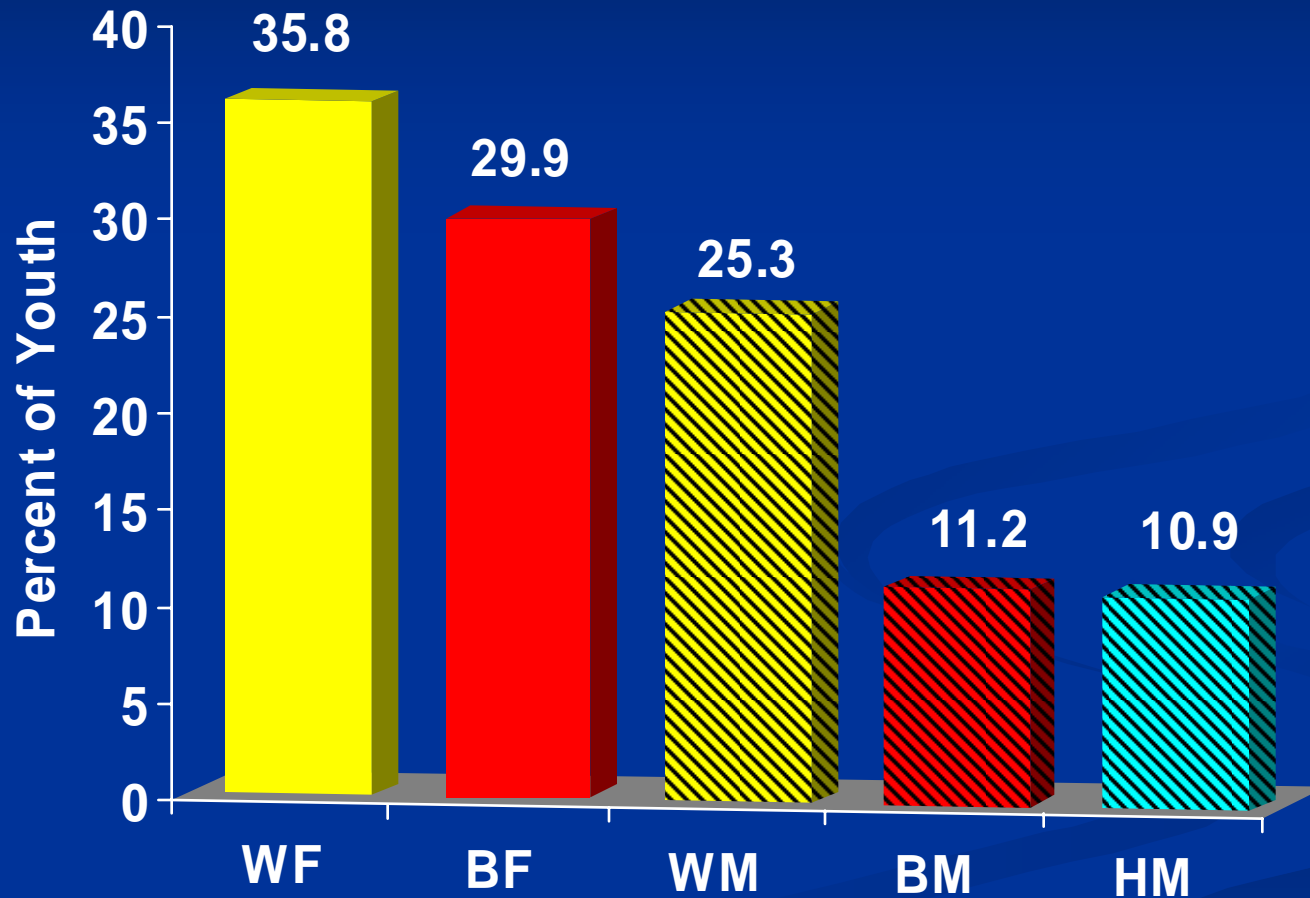
- Approximately 1 of 10 youth in Virginia's juvenile detention centers had a mental health disorder severe enough to need immediate mental health treatment*
- 60% of males and 90% of females committed to DJJ leave the Reception and Diagnostic Center with a designated mental health treatment need

*Waite 1994, Virginia Policy Design Team

Virginia's Youth Profile Database

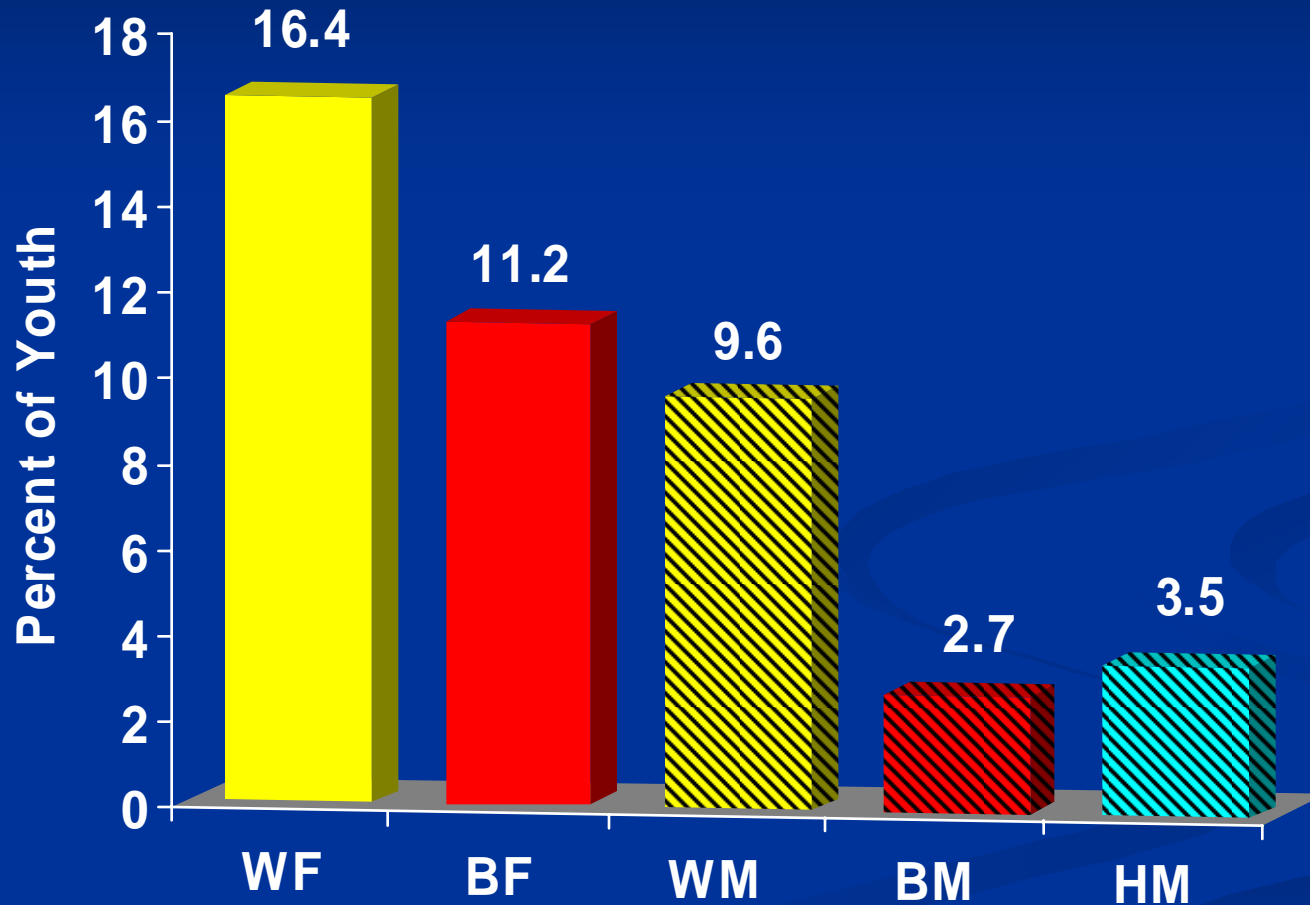
- All admissions to the Reception & Diagnostic Center for fiscal years 1998 to 2003
- 6,204 youth profiles (95-99% of admissions)
- Mental health data collected by psychologists during individual assessments
- DSM-IV diagnoses are probable

Any Prior Psychiatric Hospitalization



1998-2003

Documented Suicide Attempts Requiring Medical Attention

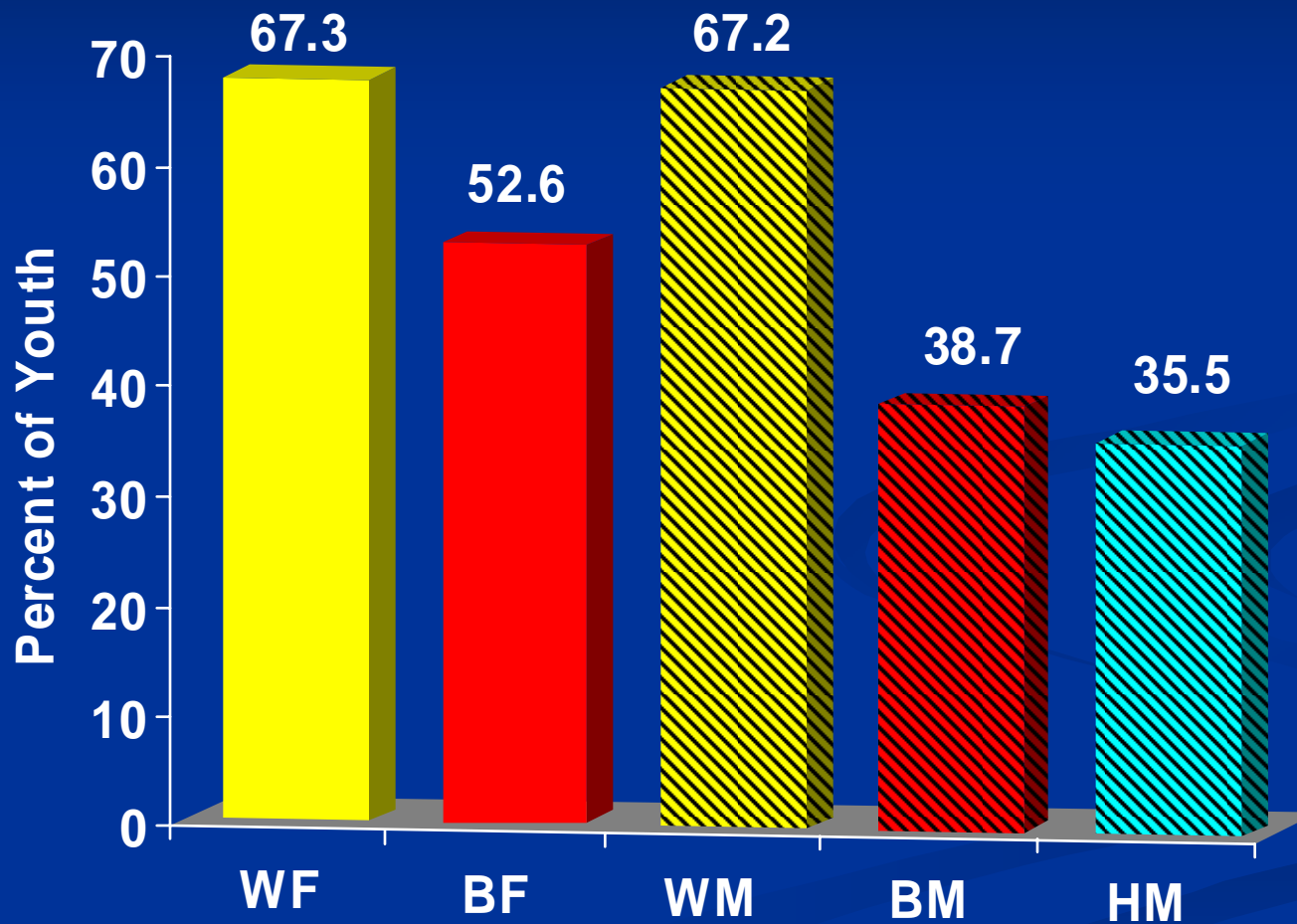


1998-2003

History of Use of Any Psychotropic Medication (Committed Youth)

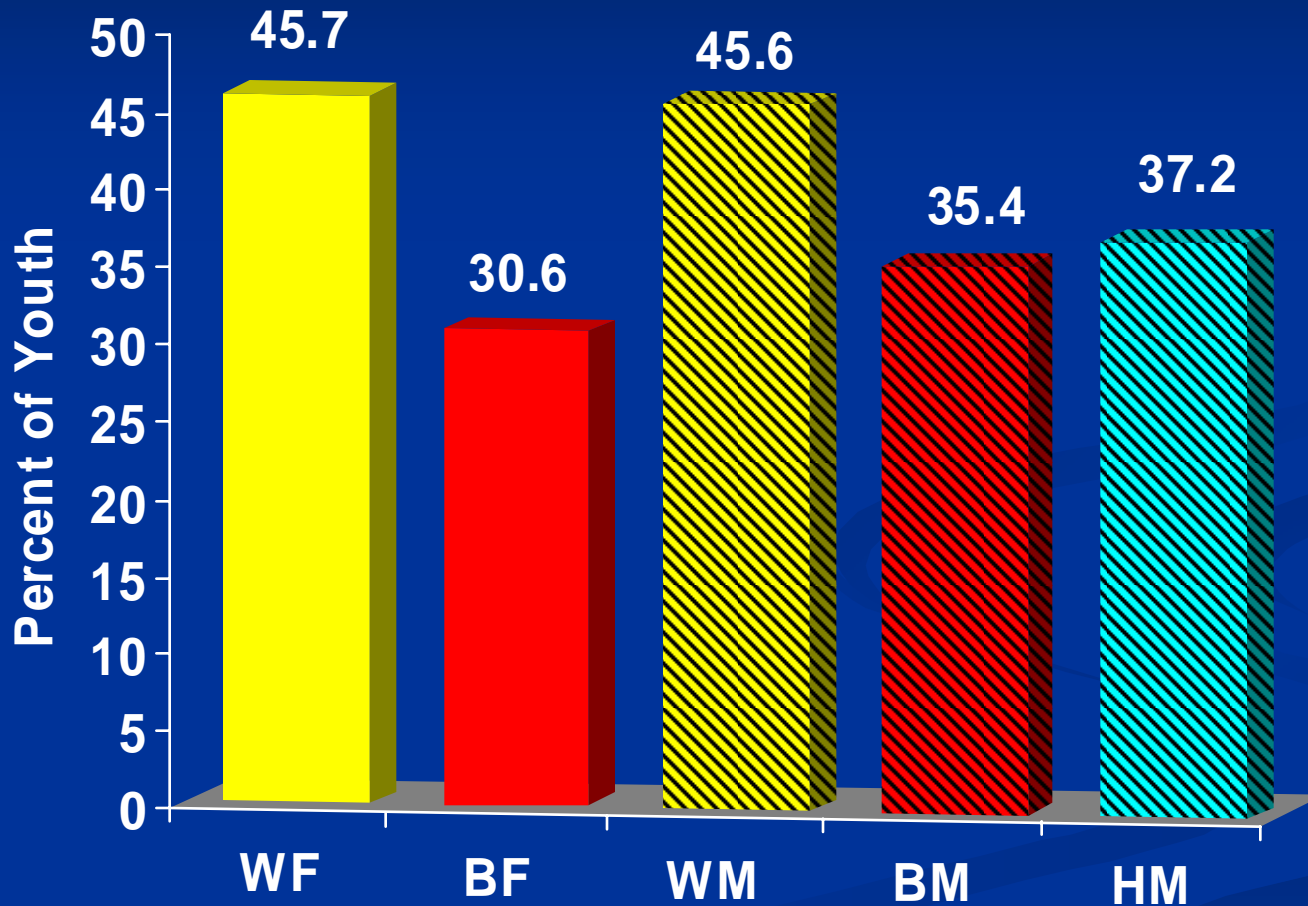


History of Any Psychotropic Medication



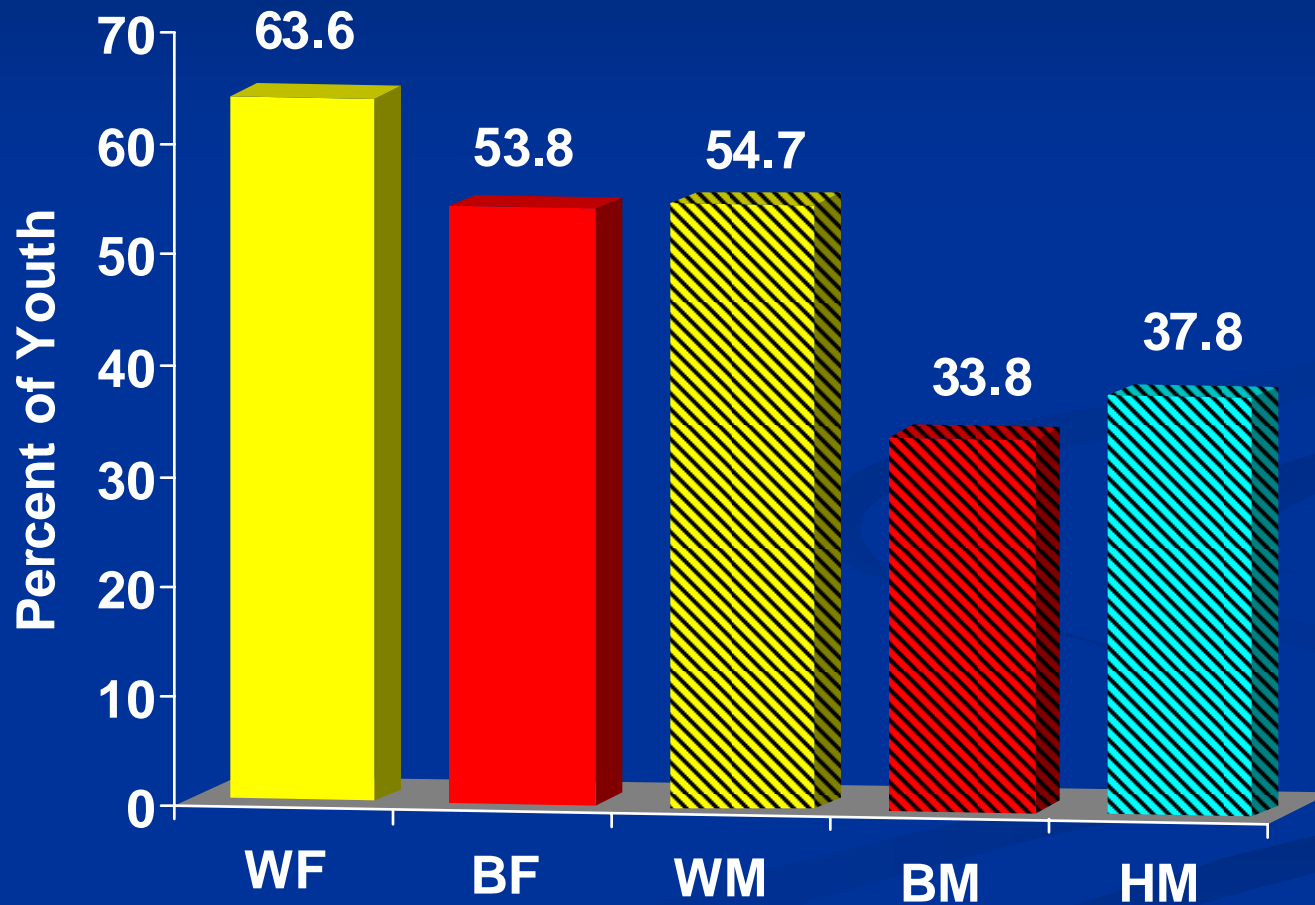
1998-2003

DSM-IV Diagnoses Substance Use Disorder



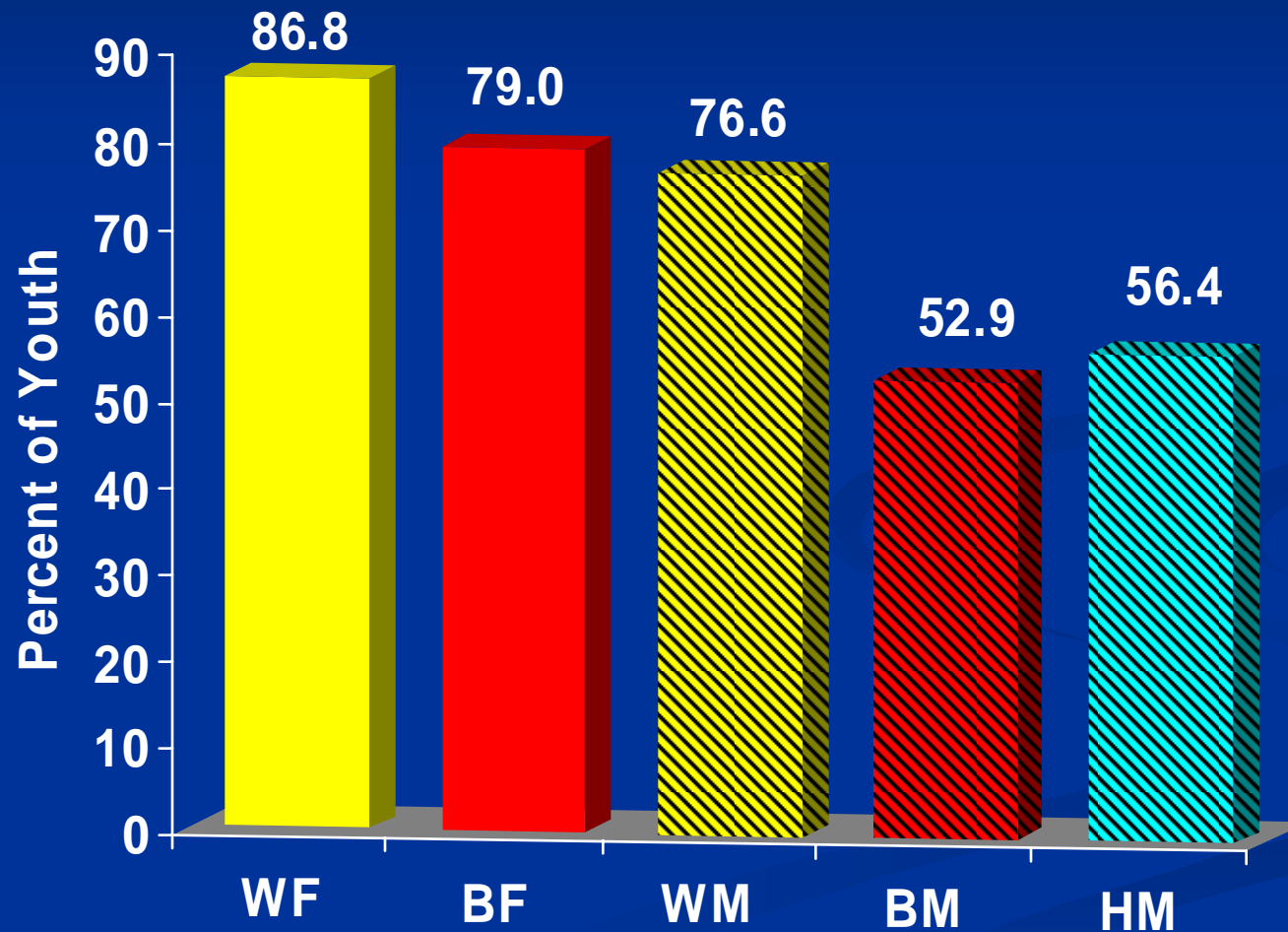
1998-2003

DSM-IV Diagnoses (Less SA, ODD, CD, ADHD & MR)



1998-2003

Designated Mental Health Treatment Need



1998-2003

Juvenile Correctional Center Treatment Delivery Issues

- Role of the Correctional Facility
- Supervisory Issues for Treatment Services

Role of the Correctional Facility

- Punishment vs. Treatment
 - Security vs. treatment conflict
- Indeterminate Commitments
- Adultification of Juvenile Facilities

Punishment vs. Treatment

- Philosophical Beliefs
- Understanding of Treatment
- Influence on Operational Practices

Security vs. Treatment Conflict

- Security's Role
 - Administrative support
 - Control and order (Here and now)
 - Dismissive of treatment
- Treatment's Role
 - Welfare of the individual
 - Advocate for the youth
 - Prepare youth for release

Indeterminate Commitments

- Purpose of Indeterminate Commitment vs. Sentence
- Basis for Release Decisions
- Assessment of Risk or Debt to Society

Adultification of Juvenile Facilities

- Expansion of Transfer Statutes
- More Emphasis on Security
- Influx of Staff From Adult Facilities

Supervisory Issues for Treatment Services

- Whose Responsibility?
 - Mental Health vs. Juvenile Justice
- Supervisory Responsibility
 - Clinical vs. Administrative

Whose Responsibility?

- If the Youth Resides in the Community
(Probation or Parole)
 - Mental Health Departments
- If the Youth is Incarcerated
(Detention or Juvenile Correctional Facility)
 - Juvenile Justice Departments

Supervisory Responsibility within Juvenile Justice Departments

- Administrative vs. Clinical Supervision of Mental Health Professionals
- Recognition of Mental Health Competencies

Administrative vs. Clinical Supervision of Mental Health Professionals

- Administrative:
 - Sets schedules, assigns duties, performance evaluations
- Clinical:
 - Reviews competence of work, assesses training needs, ensures quality of services

Recognition of Mental Health Competencies

- Issues of Licensure/Certifications
 - Required supervision
 - Professional standards/Continuing education
 - Ethical issues
- Qualifications for Service Delivery
 - Job titles/descriptions
 - Demonstrated competencies
 - Appropriate supervision

Supervisory Issue Summary

- The organizational structure employed to deliver mental health services impacts the quality of those services.
- Systems that do not provide independent clinical supervision incur more legal problems.

Treatment Service Delivery Principles

Recruitment and retention of qualified treatment providers can be enhanced by the development of a professional treatment service delivery system that provides an opportunity for professional growth and advancement.

Treatment Service Delivery Principles (Cont.)

Adherence to appropriate credentialing for clinical staff and provision of relevant training is necessary for quality treatment services.

Treatment Service Delivery Principles (Cont.)

Independent clinical supervision provided by qualified personnel can ensure quality services and develop clinicians familiar with the limitations/constraints of providing treatment within a juvenile correctional environment.

Treatment Service Delivery Principles (Cont.)

The juvenile correctional facility can and should be an effective treatment environment for very aggressive adolescents with severe mental health problems if staffed with competent clinicians supported by institutional practices.

Treatment Service Delivery Principles (Cont.)

Treatment services will be effective only if incorporated into facility operations and supported by institutional practices.

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