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## **ANNUAL MINISTERIAL REVIEW**

**(Implementing the internationally agreed goals and  
commitments in regard to global public health)**

**HIGH LEVEL SEGMENT 2009**

Side Event on

**“Mental Health resources for Young Offenders**

**(MHYO) “**

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Thank you to these roundtable discussion members for offering us these excellent and interesting presentations. I'm going to give a short presentation, being aware of the time limits and following the members of this roundtable as well as colleague who has already submitted the legal framework on mental health and more specifically for young offenders deprived of their liberty.

I'm going to explain the two main topics of this side event, which gives a clear and a global overview of the current situation of young offenders with mental health problems and the high relevance of promoting an interdisciplinary collaboration between the main actors, such as the justice and health system.

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## **SIDE EVENT TOPICS**

### **Topic1.- Mental illness within the juvenile justice system: Current situation**

I'm going to explain some facts about this issue

#### **a) Juveniles deprived of liberty: health issues.**

Having in mind that Incarcerated juveniles are a unique, understudied, and highly vulnerable patient population (Arch Pediatr Adolesc Med. 2008 Joseph V. Penn, MD). In order to further develop effective interventions and policies to promote mental health, prevent delinquency and reduce the risk of offending, We need to understand how individual, physical, social, cultural and socio-economic characteristics are related to each other.



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Moreover, mental health needs of prisoners have expanded in numbers, severity and complexity (Prison Reform Trust, 2009). Furthermore, as we are looking forward the rehabilitation of offenders, the physical and mental health needs of young offenders should be a priority. In fact, the health of young offenders is commonly poorer in comparison with the general youth population and mental health is the most common issue affecting both male and female young offenders, showing significantly higher rates of mental health issues than young offenders who are not detained. (For instance, adolescents in detention and correctional facilities are about 10 times more likely to suffer from psychosis than the general adolescent population). Besides, girls are more often diagnosed with major depression than were boys, contrary to findings from adult prisoners and general population surveys.(Fazel S.et al., 2008).

With regards to physical health young offenders have poor level of physical health because of issues such as frequent substance abuse, exposure to violence, hepatitis C infection and liver disease, and exposure to sexually transmissible diseases. Furthermore, according to a study in Australia, young offenders have a higher death rate than similar aged non-offenders, with as many as 70 percent of deaths attributable to drugs and suicide (Australian Journal of Primary Health, 2009). Indeed, young people in prison are 18 times more likely to commit suicide than in the community (Prison Reform Trust, 2007).

With regards to Finland, a study titled as The mortality of young offenders sentenced to prison and its association with psychiatric disorders by Sailas and collaborators. The mortality rate in the population of young offenders sentenced to prison is specially high. The high mortality in this group is associated with substance abuse and psychiatric disorders, but not with emotional disorders with an onset specific to childhood and adolescence.

The majority of these cases develop mental disorders and finally detention (non adapted) can foster this issue.



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**b) high prevalence of mental health issues for juveniles deprived of liberty:**

Information from different sources indicates that there is a high prevalence of mental illness among incarcerated individual than among general population. Young people in prison have an even greater prevalence of poor mental health than adults, with 95% having at least one MH problem and 80% having more than one (Lader et al., 2000). For instance, according to different Studies in Europe they have revealed a high proportion of youth delinquents with MH disorders in custody, between 69% to 100%. (Forcada Chapa, 2006). Moreover, **there is a high prevalence of comorbidity** (two or more coexisting medical conditions or disease processes that are additional to an initial diagnosis) in young offenders, and also **a relation between serious behavior disorders and substance misuse**. (Forcada Chapa, 2006). Comorbidity is the norm rather than the exception (Arch Pediatr Adolesc Med. 2008 Joseph V. Penn, MD). **Just to explain some studies and findings from studies in Europe, to give a short overview. These studies reflect the high importance of providing MH services to juveniles with mental disorders.** For instance **in Finland** a study on mental disorders in prison population done by Eila S. Sailas and collaborators states that there is a *failure of healthcare systems and emphasise the necessity for early screening of mental disorders in delinquents* and adds, *‘that more mentally ill young people end up in prison as the prison population diminishes’*.<sup>1</sup> Moreover, **in Netherlands** a recent study explain the comparison *with North America showing a relatively low rates of anxiety and affective disorders, partly due to the better mental health services available to disadvantaged youths with internalizing problems in the Netherlands. It should be examined whether standardized psychiatric and psychological assessments can improve the efficiency of allocation to detention programs with or without psychiatric treatment options’*.<sup>2</sup>

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<sup>1</sup> Eila S Sailas et al. *Mental disorders in prison populations aged 15-21: national register study of two cohorts in Finland*. BMJ 2005.

<sup>2</sup> Vreugdenhil C, Doreleijers TA, Vermeiren R, Wouters LF, Van den Brink W. *Psychiatric disorders in a representative sample of incarcerated boys in the Netherlands*. J Am Acad Child Adolesc Psychiatry. 2004



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Finally **in Denmark**, a research about the prevalence of mental shows that *The prevalence of mental disorders was found substantially higher compared with literature of population-based samples. With an association between mental disorders and violence, early screening and treatment of mental disorders in adolescent delinquents is of importance in the prevention of violence. Finally, it is very important to highlight early detection when they get in contact with the juvenile justice system and treatment of mental disorders in adolescent delinquents in the prevention of violence.*

**Topic 2.- Young offenders Mental Health awareness-raising. Interdisciplinary collaboration among Judicial, health and competent authorities: Key element to be considered.**

**a) ethical issues:**

There are some ethical issues which need to be taken into account.

Those who have been in care or in the criminal justice system are more vulnerable to mental ill health, young people need dedicated MH services as they make the difficult transition from adolescence to lead independent working lives. This situation, leads to ethical issues on interdisciplinary collaboration and more specifically on health and justice field. For that reason there is a lack of communication due to the professional secret that all categories of institutions involved in this field are submitted to (Health and Justice). Unfortunately sometimes that professional secret may turn into an information block.

The relationship between health and justice systems often creates an ethical question for the professionals in charge of minors. Indeed, if minor's rights and well-being must always be protected, at the same time, the public's safety must be ensured. From this assumption, several ethical issues arise.



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**b) Minors with MH problems non penal responsible:** By law, a mentally disabled young person should not be considered penally responsible and be only under the health system.

Firstly, if the minor is channelled to the health system, penally irresponsible according to the philosophy of the law, he/she should no longer be considered criminally responsible and thus, the victim and/or the victim's family may be left with a feeling of impunity for the crime committed against them, so it's really important family mediation or victim-offender mediation. The criminal justice system and the health system are not enough linked to address this sort of issues. Besides, if the child is under the health system, in some cases he/she is left unprotected by the law as he/she would not be under the criminal justice system. The defenders, who would, under the criminal justice system, protect and oversee the child's rights, have no place within the health system. So, the minor may be locked up in a psychiatric institution without legal assistance because he/she is not officially being held responsible of any crime.

**c) Penally responsible minors with MH issues:**

- When young offenders are not considered as disabled by the law but they need a mental health treatment, it appears to be very difficult for governments and public authorities to join two different worlds in which a young offender with M.H. needs is seen as an offender (by the criminal justice system) and as a victim (by the health system). These two systems must conciliate the minor's best interests, upholding his/her rights at all times, with reinsertion, and public safety in mind.



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As Federico has just explained us, we do encourage an interdisciplinary strong relation between actors in the field of health care, justice, social care, etc which will facilitate the implementation of programmes and to improve the current specialized legislation that concerns young offenders' mental health. This common framework will allow the development of communication and interdisciplinary work among institutions. We recommend bringing together the health and the justice perspective in a convergence perspective and creating a Common framework.

### **Conclusion.**

- The different educational and therapeutic measures as a rehabilitating strategy that is included in the criminal regulations for minor offenders will be difficult to implement successfully without any in-depth knowledge on the psychopathological and social reality of those minors.
- The minor's dissocial behaviour is the expression of individual vulnerabilities in different areas like the family, social, emotional, cognitive, psychopathological and even biological areas. Deepening the study of the prevalence of psychopathology in young offenders and the importance it should have when making legal, educational and therapeutic decisions is essential within a multidisciplinary intervention approach and professional cooperation.
- Therefore it is necessary to consider the need to research in a more deep and extensive way, the reality of the mental situation of young people involved in antilegal acts. This knowledge is basic for the design and implementation of educational-therapeutic intervention programmes which really deal with the needs





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of this population's mental health and obtain a decreasing effect on re-offending through the treatment of psychiatric factors of the dissocial behaviour.

- Individually, the consideration of each minor's psychopathological situation is essential for the individualisation of the interventions and the treatments of their needs, which mean an improvement of their vulnerability conditions and therefore of their behavioural expression of their mental pathology.

For these reasons we have submitted the Statement Mental Health Resources for young offenders.

We will highly recommend that:

- States should develop specific mental health policies and strategies to ensure effective treatment and prevention programmes for young offenders. Within the global budget of public healthcare, a specific portion should be attributed to young offenders.
- Specific education based on the prevention of risk behaviour, and its consequences in terms of health, should be promoted.
- Health, social and justice institutions should work in a convergence perspective creating a common framework through the development of communication and interdisciplinary collaboration;
- Focus should be given to a global public health through the development of policies and approaches contributing to the treatment of both physical and mental problems paying special attention to the differences in treatment of children inmates.





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- The need to promote an awareness-raising among judicial, health institutions and political authorities should be addressed in a global perspective in order to provide mental health resources for young offenders since the treatment of their mental health disorders can be considered as one of the aspects of the prevention of recidivism and of their future reinsertion;

We would strongly encourage all United Nations agencies and other international organisations to promote the importance of a joint implementation plan for young offenders with Mental Health Disorders to national governments, public authorities and other relevant actors.