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Juvenile Incarceration – Mentally Ill Juveniles

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**Introduction**

Our justice systems acknowledge the difference between children and adults, because of which the crimes committed by them are processed through a separate justice framework. But is the process efficient? More than a million juveniles are detained each year, which suggests that the state spends approx. $148,767 on a single youth in a year (Curley, C., 2016). Further, the research of Mental Health America (MHA) identified that 65-70% of the juveniles detained have a diagnosable mental health condition (Resource Center Partnership, 2013). The data clearly suggests that juveniles in the justice system deserve better policy and the implementation. In order to address the identified issue, following is the policy focusing on the juveniles experiencing mental illness.

**Analyzing the problem**

Youth incarcerated through the legal framework can become a victim of sexual abuse and the reports reveal that 80% of the abuse reported is by the government officials and the facility staff (MHA, 2015). The problems are also related to the techniques implemented during incarceration and detention. A juvenile exposed to isolation is 19 times more likely to commit suicide, and the risk further increases if the juvenile is mentally ill.

Over the course of detention, more than two-third of youth experience mental issues (Underwood, L. A., & Washington, A., 2016). Psychologists suggest that most of these juveniles can be better treated in the community setting rather than making them undergo the rigorous process of detention. Children who are part of child welfare and juvenile justice systems further experience a high level of stress and the risk of delinquency. The mental health services provided in the facilities are often inadequate, which doesn’t help them in transforming their lives. The percentage of repeated offenders highlight the failure of such services, making juveniles volatile to the negative environment (JLC, n.d.). The policy shall also focus on training the staff members and better transparency in the facility.

**Setting goals and objectives**

**Goals:**

To limit the practice of incarceration and detention of mentally ill juveniles for petty crimes.

**Objectives:**

Reduce the cost of detaining a juvenile in the short and the long term, while ensuring the effectiveness of the justice system is not compromised.

The objective can be achieved by providing an alternative - community-based treatment and better monitoring. The child care service needs to ensure that the community-based family preservation resources are exhausted before opting for imprisonment. In the event where the diversion in the nature doesn’t allow community based treatment and juvenile need to be incarcerated, the screening process should review the duration of the imprisonment.

**Time Frame:**

The policy shall be drafted by November 30th, 2018 and will go in to effect on December 20th, 2018.

**Expiration**

The policy shall be in place for two-years in order to collect primary data for the quantitative analysis, which will help to measure the effectiveness of the policy and the program.

**Designing the program**

**Target Population**

Juveniles having one or more diagnosable mental health issues and serious emotional issues. They account for 65-70% of the juveniles who come into contact with the juvenile justice system.

**Target Selection Process**

Juveniles with the record of mental illness or behavioral problems which reflect the mental, emotional and substance use. The applicant of the program should be certified by the psychologist or a doctor with the respective expertise in order to be enrolled in the program. The second step will be interviewing the juveniles to cross-check the exposure of the mental illness. This screening process will mitigate the risk of enrolling an applicant attempting perjury.

**References**

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