

# Mental Health Issues Burden The Juvenile Justice System

By Patrick J. Kennedy

**A**s a member of Congress concerned with the treatment of mental health and substance abuse in America, I have seen a lot of tragedies and heard a lot of sad stories. Our national failure to properly appreciate and address problems of mental illness and substance abuse produces catastrophic human consequences.

There is nowhere that the failings of our public mental health system are felt more acutely than in our jails and prisons across the country, and nowhere are these failures more heartbreaking than in the field of juvenile justice. Broken families, crumbling schools, crime-ridden neighborhoods — it is corrections professionals who most clearly see these products of our failures elsewhere.

Seventy percent of the young people entering the juvenile justice system have a mental health disorder. Of those, 20 percent have serious mental illnesses, while another 20 percent have a co-occurring substance abuse disorder, according to the National Center for Mental Health and Juvenile Justice's 2006 report *Blueprint for Change*.

Of course, mentally ill inmates are by no means restricted to the juvenile system. However, in the case of juvenile justice, detention and correctional facilities provide a unique opportunity to intervene before it is too late. In juvenile facilities, we can identify those children most in need of interventions and connect them to the services and supports they need in their communities in order to thrive.

The question when it comes to children in the juvenile justice system, and particularly those with mental illness, is: "What do we have to do between the time juveniles are first picked up and the time they return home to reduce the chances that they

will be back in the criminal justice system in the future?"

That question is timely because Congress soon will be reauthorizing the Juvenile Justice and Delinquency Prevention Act (JJDP). Juvenile justice rarely finds itself at the top of the Congressional agenda, and those of us in Congress who care about this issue cannot miss this opportunity to make real progress.

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Frankly, during the last several years in Congress it has been baffling to see the way some people define being "tough on crime" when it comes to juveniles. The last time JJDP was reauthorized, I and like-minded members of Congress had to fight hard to beat back the overly punitive approach that some members of Congress believed played well on the campaign trail. One can tell a lot about what a member is thinking based on what he or she names a piece of legislation. During the last reauthorization, some of the bills that were offered included the Consequences for Juvenile Offenders Act, the Violent and Repeat Juvenile Offender Accountability Act, and the Violent Youth Predator Act. Fortunately, none of these bills became law. It is fortunate because the notion that our number

one priority in dealing with children in the justice system should be punishment is ludicrous. Unfortunately, that is what some of my colleagues seem to believe.

For me, the number one priority in dealing with these juveniles should be to make sure that when they leave the justice system they will not be back. Earlier this year, I introduced the Juvenile Crime Reduction Act. I gave it that name because addressing mental illness among juvenile offenders is not just about mental health — it is about crime reduction. Mental illness is just one part of the juvenile justice system, but it is undeniably a big part. To ignore this fact as we move through the reauthorization of JJDP would be unwise.

If we have any hope of alleviating some of the pressures caused by the high number of youths with mental illness in the juvenile justice system, there are three steps we have to take. First, we have to implement systems of early screening and assessment. Many correctional facilities already screen incoming juveniles for mental illness and substance abuse disorders, but we need everyone to have a scientifically sound method of screening and assessment. It goes without saying that if you have not identified the problem, you have no hope of solving it.

Second, to the greatest extent possible, we need to divert young people from secure facilities into home- and community-based programs. Obviously, this will not always be possible because there are young people who simply must be in a secure facility. However, here is an example of the benefits of diverting juveniles who do not belong in correctional institutions. Just outside of Washington, D.C., there is a well-known juvenile correctional facility called Oak Hill. Oak Hill is the

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place where juveniles from the district are sent when they need to be committed to a secure facility. Last year, I visited Oak Hill with Vinny Schiraldi, the new director of the D.C. Department of Youth Rehabilitation Services.

When Schiraldi became director, there were about 240 juveniles at Oak Hill. One of the first things the director and his team did was to take a hard look at Oak Hill and ask themselves, "Which of these kids really need to be here?" They set about making sure that children who ended up at Oak Hill really needed to be in a secure facility because they knew that, whenever possible, youths should be in community-based programs. Today, there are about 80 juveniles at Oak Hill. This is what we need throughout the country — young people in the juvenile justice system, and especially those with mental illnesses, being held in the least restrictive setting possible.

Third, we need to implement evidence-based practices at all levels of our juvenile justice system. In juvenile justice, the goals are simple: to improve the lives of young people and make sure they do not commit further crimes. We need a coordinated effort to determine the best methods for achieving these goals. This means that the federal government needs to do a better job of assessing policies and practices and disseminating information about the results. We need to target federal dollars to those programs that have been proven to work.

The Juvenile Crime Reduction Act would establish training grants that could be used to educate everyone from law enforcement officers to parole and probation officers on the home- and community-based treatment options that are available in their communities. The act would encourage juvenile justice agencies to implement scientifically sound screening and assessment programs. It would also provide extra federal

dollars for juvenile justice agencies that are implementing programs that have proved effective in reducing recidivism.

Finally, this bill would provide money for comprehensive, community-based collaborations between law enforcement, corrections, schools, child welfare, public health and non-profit private entities to create a continuum of care for children who are in the justice system or are at risk of entering the justice system. Only when all of these agencies are on the same page can we really begin to have a lasting impact on the children who end up in the juvenile justice system. Common-sense policies such as these will improve the lives of the children in the juvenile justice system and their families. Equally important, these policies will make the streets safer. In Congress, we need to generate the political will to make this happen.

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## The child welfare system and the justice system should not serve as mental health service providers of last resort.

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Another problem in the area of juvenile justice is in custody relinquishment. This is another example of failures outside the juvenile justice system showing themselves within the justice system. In 2003, I asked the Government Accountability Office to study the persistent problem of young people being passed on to our child welfare and juvenile justice systems solely for the purpose of receiving mental health care. Even if GAO had found that only one child — one child in the entire country — had been handed to the justice system because that was the only way they could receive mental health services, it would have been too many. They did not find one. They found 12,700. Even worse is that GAO only sur-

veyed administrators of child welfare systems in 19 states and juvenile justice administrators in 33 counties. Given the small number of states and counties surveyed, the number of children relinquished is undoubtedly many times higher. While it is still difficult to get a sense for exactly how big the problem is on a national level, the GAO study shows that the problem of custody relinquishment is huge.

We all have a responsibility to fix this problem. The child welfare system and the justice system should not serve as mental health service providers of last resort. It is unfair to those systems; it is unfair to the individuals who have no other way to receive services; and it is unfair to their families.

On the federal level, I have joined with my colleagues Rep. Pete Stark, D-Calif.; Rep. Jim Ramstad, D-Minn.; and Sen. Susan Collins, R-Maine, to introduce the Keeping Families Together Act. This act would end custody relinquishment. It would provide grants to states to put systems in place that would ensure that children receive appropriate mental health services so that parents do not have to relinquish legal custody of their children. The federal dollars would also be leveraged to require states to incorporate changes into their own laws to end the practice of custody relinquishment. This legislation doesn't mandate one particular solution, but it does require states to find one — and it gives them the money they need to make it happen.

Across the country, those who run jails and correctional facilities have enough challenges on their hands dealing with real criminals. They do not need their facilities to be made into the de facto mental health system as well.

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