

## **The New York Times**

August 9, 2009

Juvenile Justice System Challenged By Mentally Ill Offenders. The [New York Times](#) (8/10, A1, Moore) reports, "As cash-starved states slash mental health programs in communities and schools, they are increasingly relying on the juvenile corrections system to handle a generation of young offenders with psychiatric disorders. About two-thirds of the nation's juvenile inmates - who numbered 92,854 in 2006, down from 107,000 in 1999 - have at least one mental illness, according to surveys of youth prisons, and are more in need of therapy than punishment. 'We're seeing more and more mentally ill kids who couldn't find community programs that were intensive enough to treat them,' said Joseph Penn, a child psychiatrist at the Texas Youth Commission. 'Jails and juvenile justice facilities are the new asylums.' At least 32 states cut their community mental health programs by an average of 5 percent this year and plan to double those budget reductions by 2010, according to a recent survey of state mental health offices." The Times adds, "Juvenile prisons have been the caretaker of last resort for troubled children since the 1980s, but mental health experts say the system is in crisis, facing a soaring number of inmates reliant on multiple - and powerful - psychotropic drugs and a shortage of therapists."

Mentally Ill Offenders Strain Juvenile System

By [SOLOMON MOORE](#)

FRANKLIN FURNACE, Ohio — The teenager in the padded smock sat in his solitary confinement cell here in this state's most secure juvenile prison and screamed obscenities.

The youth, Donald, a 16-year-old, his eyes glassy from lack of sleep and a daily regimen of mood stabilizers, was serving a minimum of six months for breaking and entering. Although he had received diagnoses for psychiatric illnesses, including [bipolar disorder](#), a judge decided that Donald would get better care in the state correctional system than he could get anywhere in his county.

That was two years ago.

Donald's confinement has been repeatedly extended because of his violent outbursts. This year he assaulted a guard here at the prison, the Ohio River Valley Juvenile Correctional Facility, and was charged anew, with assault. His fists and forearms are striped with scars where he gouged himself with pencils and the bones of a bird he caught and dismembered.

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In California's state system, one of the most violent and poorly managed juvenile systems in the country, according to federal investigators, three dozen youth offenders seriously injured themselves or attempted [suicide](#) in the last year — a sign, state juvenile justice experts say, of neglect and poor safety protocols.

In Ohio, where Gov. Ted Strickland, a former prison psychologist, approved a 34 percent reduction in community-based mental health services to reduce a budget deficit, Thomas J. Stickrath, the director of the Department of Youth Services, said continuing cuts would swell his youth offender population.

“I'm hearing from a lot of judges saying, ‘I'm sorry I'm sending so-and-so to you, but at least I know that he'll get the treatment he can't get in his community,’ ” Mr. Stickrath said.

But youths are often subjected to neglect and violence in juvenile prisons, and studies show that mental illnesses can become worse there.

George, 17, an inmate at Ohio River Valley, detailed his daily cocktail of psychiatric medications, including Abilify and Seroquel. In addition to having bipolar disorder, he is a sex offender and is [H.I.V.](#) positive — severe stigmas in prison.

“I be getting punked,” he said, using prison slang to describe how gang youths routinely humiliate him. He blinked, and his leg shook uncontrollably. “They take my food, they hit me, they make me do things.”

Demetrius, 16, another inmate there, said he had received a diagnosis of bipolar disorder. Officials said he has [psychotic](#) episodes and attacks other inmates. In an interview in June, he said he was receiving no mental health counseling or medications. Andrea Kruse, a spokeswoman for Mr. Stickrath, said that since July 1, he has had more than 20 counseling sessions.

According to a [Government Accountability Office report](#), in 2001, families relinquished custody of 9,000 children to juvenile justice systems so they could receive mental health services.

Donald has been in and out of mental health programs since he attacked a schoolteacher at age 5. As he grew older, he became more violent until he was eventually committed to the Department of Youth Services.

“I've begged D.Y.S. to get him into a mental facility where they're trained to deal with people like him,” said his grandmother, who asked not to be identified because of the stigma of having a

grandson who is mentally ill. “I don’t think a lockup situation is where he should be, although I don’t think he should be on the street either.”

Lawsuits and federal civil rights investigations in Indiana, Maryland, Ohio and Texas have criticized juvenile corrections systems for failing to meet their obligation to prohibit cruel and unusual punishment of prisoners.

Despite downsizing to about 1,650 juvenile inmates from about 10,000 youth offenders in 1996, California’s state system remains under a 2004 federal mandate to improve conditions, including mental health services — the result of a class-action lawsuit that documented the systematic physical and sexual abuse of wards.

Under a plan to reduce the state juvenile inmate population, many youths who once would have been held by the state are now detained by the Los Angeles County juvenile detention system. Los Angeles County is also under a federal mandate to improve psychiatric services for juvenile inmates, especially at the six camps at its Challenger Memorial Youth Center, which holds most of the county’s medium- and high-risk offenders and most of its mentally ill ones.

“We were told that the Challenger camps are, paradoxically, the only camps at which staff are authorized to carry O.C. spray,” wrote federal civil rights investigators in a [2008 report to county authorities](#), referring to oleoresin capsicum, known as pepper spray. “One supervisor told us that he believed that allowing staff to carry and use O.C. spray made sense given the ‘mental health population.’ ”

The investigators also recounted how staff members body slammed unruly juveniles, often breaking their bones.

In May, a reporter toured the Los Angeles County Central Juvenile Hall with Eric Trupin, a consultant hired by the Department of Justice to monitor mental health services in California’s juvenile justice system. Dr. Trupin, a psychologist, said some detainees appeared to be held there for no reason other than that they were mentally ill and the county had no other institution capable of treating them.

One inmate at the county’s juvenile hall, Eric, 18, was given a diagnosis of bipolar disorder and prescribed Risperdal, a powerful antipsychotic, to help him avoid violent flashes of temper.

A public defender who specializes in juvenile mental health issues, said Eric had been arrested more than 20 times near his South Los Angeles home. Dr. Trupin worried that if Eric is released and arrested again, he will be charged as an adult and enter the [Los Angeles County jail](#), the nation’s largest residential mental institution, with 1,400 mentally ill inmates.

In the 1960s and ’70s, the increasing availability of antipsychotic medications coincided with a national movement to close public mental [hospitals](#). Many private hospitals barred psychotic patients, including juveniles. By the 1980s, juvenile justice systems had become the primary providers of residential psychiatric care for mentally ill youths.

But as cutbacks have worsened, the debate has intensified over what constitutes adequate mental health care. Often juvenile justice systems have very little to go on when attempting a diagnosis.

“Often Daddy is nowhere to be found, Mommy might be in jail,” said Daniel Connor, a psychiatrist for the Connecticut juvenile corrections system. “The home phone is cut off. The parent speaks another language, so it’s often hard to figure out exactly what’s going on with each kid.”

School records often do not arrive with arrested youths, nor do files often come from other corrections institutions. The lack of information is particularly problematic when [psychiatrists](#) try to prescribe medications. Joseph Parks, medical director for the Missouri Department of Mental Health and a national expert on pharmaceutical drug use in corrections facilities, said many juvenile offenders are prescribed multiple psychiatric drugs as they move from mental health clinics to detention halls to juvenile prisons.

A decade ago, it was rare to find juvenile offenders on two psychotropic drugs at once, Dr. Parks said. Now, many take three or four at a time, often for nonprescribed uses like helping the youths sleep.

“If you just give a kid a pill, the prison administration doesn’t have to do anything differently,” he said. “The staff doesn’t have to do anything differently. The guards don’t have to get more training.”

Census studies of child mental health professionals show chronic shortages. A 2006 study estimated that for every 100,000 youths, there were fewer than nine child psychiatrists. Dr. Penn of Texas said the state youth prison system there recently instituted a system of telepsychiatry sessions, conducting videoconferences between mental health professionals and youths being detained hundreds of miles away.

Inadequate mental health services increases recidivism. In a [February report](#) on psychiatric services at the Ohio River Valley center, Dr. Cheryl Wills, an independent mental health expert, found that officials were unnecessarily extending incarceration for youths who acted out because of their mental illnesses.

Mr. Stickrath, the director of the Ohio Department of Youth Services, said that one challenge in dealing with large numbers of psychologically ill youths is determining who is “mad versus bad.” He mentioned Donald, whose file he knew by heart.

“He’s been in 130 fights since he’s been with us, and there were no resources in the small county he’s from to deal with him,” Mr. Stickrath said. “Our staff worked to get him in a sophisticated psychiatric residential program, but they said he had to leave because he was attacking staff.”

Mr. Stickrath shook his head. “He just wears you out.”