

The Impact of Juvenile Incarceration on Youth Mental Health: A Systemic Failure of Mass Incarceration in the United States

Justine Kaneda || HUMBIO 122

INTRODUCTION

The United States currently incarcerates the highest proportion of youths than any other developed country, with an estimated 2 million youth arrested and 60,000 detained annually¹. The recidivism rate of incarcerated juveniles is also fairly high: about 75% of adolescents are reincarcerated within 3 years of their release¹. A disproportionate amount of this population are racial minorities, with black youth being five times more likely and Hispanic youth being 65% more likely to be detained than their white counterparts.² These youth are often exposed to high rates of adverse childhood experiences (ACEs) and live in neighborhoods with high crimes rates. Due to these socioeconomic inequities, these youth are at an increased risk for incarceration throughout their lifetime¹.

The psychological impact of juvenile incarceration on youth mental health is immense. Initially created to rehabilitate youth offenders, the juvenile justice system has become increasingly severe and punitive³. Majority of youth in juvenile detention centers have histories of both physical and sexual abuse, as well as neglect. High rates of childhood maltreatment and trauma in incarcerated youth are associated with internalizing mental health problems⁴. Placing at-risk youth into juvenile detention may not only increase their likelihood of developing a

mental health disorder, but also may exacerbate previously existing conditions due to social stressors such as isolation and victimizations.

This brief provides an overview of the ongoing research regarding the negative impact juvenile incarceration has on youth mental health including the school-to-prison pipeline, diagnosis and treatment disparities, and current policies in place. Mental and emotional health programs focusing on rehabilitation and community social support should be implemented in order to aid the treatment of these disorders and reintegration into society.

BACKGROUND

Current Statistics

Approximately 50 to 75 percent of youth entering juvenile detention centers meet the criteria for a mental health disorders³.

Comorbidity (the presence of two or more mental disorders) is also common, affecting approximately two-thirds of incarcerated youth⁴. Social, economic, and educational disadvantages (such as family discord, substance abuse, and issues in school) increase the likelihood that a youth may develop a mental health disorder and/or become incarcerated.

The School-To-Prison Pipeline

Due to zero-tolerance school policies, minority youth are receiving either

suspension, expulsion, or arrest for minor infractions¹. This exacerbates the school-to-prison pipeline in which disadvantaged youth are being transitioned from educational systems to the criminal justice system. Zero-tolerance policies disproportionately affect students of color, primarily African Americans⁶. Though majority of public-school enrollment is composed of non-Hispanic white students, black students are suspended and expelled three times more often⁷. These suspensions and expulsions then increase the likelihood to be involved with the juvenile justice system the following year.

There is both a direct and indirect link between mental health problems and delinquency³. Many incarcerated juveniles suffer from depressive and behavioral disorders that increase their risk of engaging in more physically aggressive behavior that may get them arrested⁸. By criminalizing such behavior as stated in these zero-tolerance policies, at-risk youth that may greatly benefit from schooling and rehabilitative treatment are instead punished for their behavior and isolated from the educational system altogether.

Mental Health in Incarcerated Youth

For a large majority of incarcerated youth, preexisting as well as developing mental health disorders may be exacerbated due to mental, emotional, and social stressors associated with incarceration⁶. These stressors, such as isolation, bullying, and victimization are particularly pervasive in their impact on sense of self and self-worth. Additionally, mental health disorders are

often ignored or unidentified during an individual's incarceration period⁶. Many lack treatments for disorders such as attention-deficit/hyperactivity disorder, learning disorders, depression, anxiety, conduct disorder, posttraumatic stress disorder, and substance abuse¹.

Psychological and social stressors associated with incarceration - such as separation from family, substance abuse, and behavioral disorders – contribute to an increased risk of suicide among incarcerated and formally incarcerated juveniles⁵. Though suicide mortality rates are often lower while in custody (due to the high amount of security and monitoring), the rate of attempted suicides is often higher⁹. In addition, the reported rates for lifetime suicide attempts and ideation are also higher amongst incarcerated youth¹⁰.

Diagnosis and Treatment Disparities

There are significant racial and ethnic disparities regarding mental health diagnoses and treatment for incarcerated youth³. African American youth had the lowest rates of diagnosed psychiatric disorders, while non-Hispanic white youth had the highest. Additionally, minority youth with diagnosed disorders were also less likely to receive treatment than their non-Hispanic white youth counterparts. These inequities in diagnosis and treatment creates a perpetual cycle in which at-risk youth are more likely to be in contact with the incarceration system throughout their lifetime and have higher recidivism rates.

Current Policies and Program

For many years, the issue of mental health for incarcerated youth has been largely ignored. In regards to recent research collected over the years, several organizations and research institutions are trying to change this narrative. Through both local and national initiatives, programs focusing on mental health awareness and treatment are beginning to be implemented.

Rehabilitative and community-focused programs following months after release are a key component in aiding the transition from the juvenile justice system to everyday society⁶. Across the United States, several states have implemented policies regarding mental health for incarcerated youth, such as courtroom procedures allowing legal personnel to request mental health screenings; alternative community-based treatment programs; and diversion programs that allow juveniles to complete certain requirements instead of being processed for adjudication³. In a 2011 policy statement released by the American Academy of Pediatrics, they emphasized the role pediatricians can take to improve youth health, including advocating for reducing the number of youths confined³.

The National Alliance on Mental Illness (NAMI) is an organization partnering with youth-serving agencies and criminal justice leaders to advocate for mental health treatment for at-risk youth¹¹. They created a national campaign to challenge counties to reduce the number of people with mental illness in jail (The Stepping Up Initiative), as well as creating Crisis Intervention Teams (CIT) to educate police authorities to

recognize mental health problems and identify treatment options¹¹. Similarly, the American Civil Liberties Union (ACLU) is a non-profit organization working to dismantle the school-to-prison pipeline on both the local and national level¹². They advocate for less reliance on youth incarceration and more support for community-based services and systems to aid youth and their families¹².

POLICY RECOMMENDATIONS

For future direction, programs that emphasize community engagement and rehabilitation are crucial to aiding the mental and emotional needs of disadvantaged youth. As mentioned, many incarcerated youth suffer from behavioral and learning disabilities as well as past histories of abuse⁶. These individuals would benefit greatly from additional educational programs and counseling services. Additionally, it is vital that the interventions implemented emphasize a multi-systemic approach, specifically tailoring its services to the needs of the individual⁶.

There is an extensive and convoluted history associated with the U.S. incarceration system and many institutional and systemic failures that still need to be addressed – such as racial/ethnic discrimination, poverty, and stigma. Consequently, though policies aid in reducing the U.S. mass incarceration epidemic, it is also crucial to change the culture and conversation surrounding the U.S. incarceration system, especially when considering juveniles.

LINKS TO ADDITIONAL RESOURCES

- The Prison Policy Initiative's Infographics on Youth Confinement: <https://www.prisonpolicy.org/reports/youth2018.html>
- National Alliance on Mental Illness (NAMI) webpage on Juvenile Justice: <https://www.nami.org/Learn-More/Mental-Health-Public-Policy/Juvenile-Justice>
- American Civil Liberties Union (ACLU) webpage on Youth Incarceration: <https://www.aclu.org/issues/juvenile-justice/youth-incarceration>
- National Suicide Prevention Lifeline: <https://suicidepreventionlifeline.org/>

REFERENCES

1. Barnert ES, Perry R, Morris RE. Juvenile Incarceration and Health. *Academic Pediatrics*. 2016;16(2):99-109. doi:10.1016/j.acap.2015.09.004.
2. Black Disparities in Youth Incarceration. The Sentencing Project. <https://www.sentencingproject.org/publications/black-disparities-youth-incarceration/>. Published September 12, 2017. Accessed December 3, 2019.
3. Lambie I, Randell I. The impact of incarceration on juvenile offenders. *Clinical Psychology Review*. 2013;33(3):448-459. doi:10.1016/j.cpr.2013.01.007.
4. Atkins, D.L., Pumariega, A.J., Rogers, K. et al. Journal of Child and Family Studies. 1999;8:193. doi:10.1023/A:1022040018365
5. Coleman D, Stewart LM. Prevalence and impact of childhood maltreatment in incarcerated youth. *American Journal of Orthopsychiatry*. 2010;80(3):343-349. doi:10.1111/j.1939-0025.2010.01038.x.
6. Grisso T. Adolescent Offenders with Mental Disorders. *The Future of Children*. 2008;18(2):143-164. doi:10.1353/foc.0.0016.
7. School-to-Prison Pipeline [Infographic]. American Civil Liberties Union. <https://www.aclu.org/issues/juvenile-justice/school-prison-pipeline/school-prison-pipeline-infographic>. Accessed November 16, 2019.
8. Underwood LA, Washington A. Mental Illness and Juvenile Offenders. *The Encyclopedia of Juvenile Delinquency and Justice*. 2017:1-8. doi:10.1002/9781118524275.ejdj0146.
9. Barnert ES, Dudovitz R, Nelson BB, et al. How Does Incarcerating Young People Affect Their Adult Health Outcomes? *Pediatrics*. 2017;139(2). doi:10.1542/peds.2016-2624.
10. Kiriakidis SP. Bullying and Suicide Attempts Among Adolescents Kept in Custody. *Crisis*. 2008;29(4):216-218. doi:10.1027/0227-5910.29.4.216.
11. NAMI. NAMI. <https://www.nami.org/Learn-More/Mental-Health-Public-Policy/Juvenile-Justice>. Accessed November 16, 2019.
12. Juvenile Justice. American Civil Liberties Union. <https://www.aclu.org/issues/juvenile-justice#current>. Accessed November 16, 2019.