

# Health Care Needs of Incarcerated Adolescents

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## INTRODUCTION

Adolescents involved in the juvenile justice system represent a unique pediatric patient population, often hidden from public view. For a multitude of reasons including socioeconomic disparities and poor access to health care, these children have a disproportionate number of physical and mental health needs.<sup>1,2</sup> Many of these conditions are first identified upon entering the juvenile justice system, addressed while youth are incarcerated, and require continued care long after release. Pediatricians and other community providers may encounter these patients in a variety of settings, thus familiarity with their medical needs as well as the basic legal steps faced by the adolescents and their families is essential.

## DEMOGRAPHICS

The United States has the highest rate of juvenile incarceration in the industrialized world, with 2 million adolescents arrested and approximately 60,000 detained each year.<sup>1,3</sup> In Rhode Island in 2013, there were 498 youths – 85% male and 15% female – in the custody of the Rhode Island Training School (RITS), with an average daily population of 101 residents.<sup>4</sup> Minorities are disproportionately represented in the juvenile justice system, both nationally and within Rhode Island. In 2014, 20% of adjudicated youth at the RITS were black and 34% Hispanic, while these ethnicities represent only 6% and 21% respectively of the total child population in Rhode Island.<sup>4</sup> Family and community poverty are also risk factors for juvenile justice involvement; in 2013, over half of the youth at the Training School were from the areas of the state where 64% of Rhode Island's impoverished children live.<sup>4</sup>

## JUVENILE JUSTICE PROCESS

To become involved in the juvenile justice system, a minor first comes into contact with the police, either by arrest or by referral from parents, school or victim. Once arrested, the juvenile is either detained in a secure facility awaiting a court appearance or released to the community, if deemed

both reliable to return for a court date and low risk to society. Once in court, a judgment is made to sustain the charge, release the individual, or divert him/her outside of the court system to court-mandated community service or counseling. Factors such as age, victim impact, severity of offense, and prior police contact determine whether a case is appropriate for diversion.

Once charged with a crime, a juvenile participates in three hearings. The first is a detention hearing to determine whether the youth will remain detained or be released to the community. The second is an adjudication hearing, where a judge determines whether or not the juvenile is guilty of the alleged offense. Juveniles do not have jury trials within the juvenile system, these occur only if their cases are waived into adult court. If found guilty, a dispositional hearing is held to determine how the youth will serve his or her sentence: in a correctional facility, in a residential facility, or at home with electronic monitoring or probation. This process highlights the difference in status between a “detained” juvenile (in temporary custody pending adjudication over an indeterminate period of time) and an “adjudicated” one serving a fixed sentence in a correctional facility.<sup>4,5,6</sup>

## HEALTH CARE NEEDS

While juvenile incarceration may provide access to care and respite from unsafe environments, it is also associated with poor adult health outcomes and early mortality.<sup>1,7</sup> It is therefore imperative for providers to assess and optimize the health of these vulnerable patients while in the correctional setting. The U.S. Department of Justice found in a national sample that nearly two-thirds of incarcerated youth reported physical health concerns, consistent with other research suggesting that 46% of youth had a diagnosable medical condition.<sup>1</sup> Dental problems are common; approximately 50% of patients have untreated tooth decay and 6% more urgent conditions such as abscess, jaw fracture, or severe gingivitis.<sup>8</sup> More than 25% of youth in some samples require medical care for trauma-related injuries including lacerations, fractures, and joint limitations, which fits with the high incidence of physical conflict prior to or sometimes during incarceration.<sup>9</sup>

Reproductive health, however, represents the most significant issue for incarcerated youth, as they report higher rates of sexual activity, more lifetime partners, less contraceptive use, and more sexually-transmitted infections (STIs).<sup>1</sup>

A 2011 CDC report found that 13.5% of incarcerated girls and 6.7% of boys had active chlamydial infection, a 4- and 10-fold increase from the female and male community adolescent populations.<sup>10</sup> Detained youth have increased rates of teen parenthood; nationally, 20% of youth in custody are already parents or expecting a child, compared to less than 5% of the general population.<sup>5</sup>

Particular attention should be paid to incarcerated females, as they are “among the sickest and most medically underserved of all adolescent populations.” Specifically, 13% of girls have experienced a head injury and more than 20% were victims of sexual assault in the week preceding detention, while nearly 20% had a history of visiting an ED for asthma. Surveys of nearly 2,000 girls in the Florida and California systems revealed that 88% had between one and three serious health issues that were not adequately addressed (predominantly asthma, STI, or traumatic brain injury).<sup>11</sup>

The American Academy of Pediatrics (AAP) has published recommendations advocating that incarcerated adolescents should receive comparable care to non-incarcerated youth, including preventive services such as thorough history and physical, mental health and substance abuse screening.<sup>2</sup> This recommendation is particularly important in light of the variable quality of care for the incarcerated population nationwide: for example, less than one quarter of juvenile detention facilities screen all youth for STI's.<sup>1</sup> The AAP publication also emphasizes the need for coordination and communication with community providers.<sup>2</sup> Of note, it is estimated that as many as 80% of detained youth lack a primary care provider in their communities, making the outreach to establish outpatient care vitally important.<sup>1</sup>

## MENTAL HEALTH CARE

The American Academy of Child and Adolescent Psychiatry (AACAP) published *Practice Parameters for the Assessment and Treatment of Youth in Juvenile Detention and Correctional Facilities* in 2005, which recommend that all youth entering juvenile justice facilities be screened for mental or substance use disorders, including risk factors for suicide, and receive continued monitoring throughout their stay. Any juvenile with recent suicidality or symptoms of mental health or substance use disorder should be referred for thorough evaluation by a qualified mental health clinician. It is also imperative for mental health clinicians to differentiate their role and potential limits to confidentiality with patients and family members. Finally, it is recommended that all youth referred to mental health services within the juvenile detention or correctional facility have a violence risk assessment.<sup>13</sup>

The prevalence of psychiatric disorders is much greater within the juvenile justice population than in the general pediatric population. The prevalence of mental health disorders in the general adolescent population has been estimated to be 7–17%, compared to 60–80% in detained youth,

the majority of whom have more than one psychiatric disorder.<sup>2,14,15</sup> This may be due to a variety of factors, including limited access to mental health care and the propensity of psychiatric disorders to lead to disruptive or high-risk behavior resulting in legal involvement. *The Survey of Youth in Residential Placement (SYRP)*, conducted by the Office of Juvenile Justice and Delinquency Prevention, found that the majority of detained youth reported anger problems, and over 50% endorsed symptoms of anxiety as well as depression.<sup>16</sup> There are also disparities in rates of ADHD, learning disorders, behavioral problems (including conduct disorder), PTSD and suicidality.<sup>15</sup>

In Rhode Island in 2013, of the 498 youth detained at the RITS, 155 youth were under the care of the RITS psychiatrist; 137 were prescribed psychiatric medications.<sup>4</sup> It has been well documented that girls have higher rates of psychiatric disorders, particularly anxiety, depression and PTSD.<sup>1</sup> This may partially be due to the higher rates of all forms of abuse (physical, sexual and emotional) in female compared to male offenders.<sup>2</sup> Trauma in general is more common in the juvenile justice population; the *SYRP* found that 70% of incarcerated youth reported past traumatic events and 30% reported history of abuse, which itself serves as a risk factor for juvenile justice involvement.<sup>16</sup>

The difference in rates of suicidal ideation and past suicide attempts between youth in the juvenile justice system and the general population is striking. According to the *SYRP*, 20% of youth reported having recent suicidal thoughts, and 22% reported past suicide attempts, which is over four times the rate of the general population.<sup>15,16,13</sup> Unfortunately, completed suicide occurs more than twice as frequently among adolescents in custody than among adolescents in the community. Stressors contributing to increased suicidality in detained youth include awaiting court decisions, sentencing, separation from family and community, receipt of bad news, history of abuse, substance use, and lack of parental visits.<sup>1,13,15</sup>

## SUBSTANCE ABUSE

Substance use disorders are also more prevalent in the juvenile justice population.<sup>16</sup> In 2010, the rates of substance abuse among incarcerated youth were over five times greater than the general population.<sup>6</sup> According to the *SYRP*, youth offenders report using drugs at a higher rate and more frequently than the general population; 68% report having problems related to substance use.<sup>16</sup> The AACAP recommends that any youth with a positive initial drug screen upon entering a juvenile justice facility receive an immediate assessment for possible alcohol or drug withdrawal, followed by a more thorough evaluation within two weeks of admission.<sup>6</sup> Substance use itself is a risk factor for involvement in the juvenile justice system, and is also associated with more serious delinquency, developing antisocial personality disorders later in life and engaging in riskier behaviors.<sup>2</sup>

## CHALLENGES TO HEALTH CARE

Providing health care to adolescents in the correctional setting is rewarding and essential in light of the many medical and psychiatric needs of the population, but can be challenging for a variety of reasons. Juvenile detention and correctional facilities run on strict daily schedules with time for school, meals and other programming, which can create time conflicts for medical and psychiatric appointments. Patients must be escorted to clinic by correctional officers for supervision and safety, which requires sufficient staffing.<sup>1</sup> Length of stay in a juvenile detention or correctional facility is often unpredictable, which significantly impacts treatment planning. The absence of parents may limit the information gathered on initial history as well as access to consent for medical treatment. In addition, adolescents may find it difficult to differentiate health providers from the correctional system, leading to their reluctance to share details about history or symptoms.<sup>15</sup> Clinicians must also be mindful of the potential for exaggeration or malingering of symptoms by juveniles for secondary gain, such as transfer to medical facility or to obtain certain medications that can be diverted. These facilities may also have limited access to emergency and subspecialty care, as well as a shortage of health care providers willing and appropriately trained to treat this specialty population.<sup>15</sup>

## CONCLUSION

Adolescents in the juvenile justice system represent a population with greater health care needs than many of their peers. Involvement in the legal system, and specifically incarceration in a correctional facility, may present a unique opportunity to address these needs, which then persist after release into the community. Delivery of comprehensive, high quality medical and mental health care both during and after incarceration is critical to prevent the worsening of clinical conditions and more serious legal consequences in the future. Community-based pediatricians and primary care providers can make a difference by continuing to treat ongoing health issues and providing more frequent follow-up for youth who have been released. Outpatient providers should obtain medical records and discharge summaries from detention facilities and continue to evaluate and support management of any ongoing risk behaviors after release.<sup>15</sup> Understanding the legal system and the implications for juveniles will help provide a foundation for treating these adolescents; continuing to advocate for ongoing development of preventative and diversionary programs that limit juvenile arrests and detention will also minimize the poor health outcomes and impaired social functioning associated with juvenile incarceration, thereby supporting the overall well-being of adolescents and ultimately adults in this country.

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