

Health Services to Adolescents in Adult Correctional Facilities

Position Statement

Correctional facilities managing the complex needs of adolescents must be designed specifically to meet those needs and, therefore, adolescents should not be incarcerated in adult facilities. Due to the unique health service needs presented by adolescents in adult correctional facilities, NCCHC recommends the following:

1. Placement of adolescents in adult facilities should be avoided whenever possible. Instead, more developmentally appropriate placements should be used for adolescents, such as in youth facilities (e.g., juvenile detention facilities) or home and other community placements with robust supports.
2. Adolescent health specialists familiar with correctional health care, including medical and mental health providers and other health professionals, should be consulted in the development of policies and procedures involving in-custody adolescents.
3. Correctional and health staff who are responsible for the supervision and treatment of adolescents should receive education and ongoing training regarding adolescents' unique health, developmental, and educational needs.
4. Adolescents should be separated from adults by sight and sound, and use of restrictive housing should be reduced or eliminated per the NCCHC position statement *Restrictive Housing in Juvenile Correctional Settings*.¹
5. Facilities that house adolescents should recognize the vulnerability of adolescents in an adult setting and all adolescents should be given opportunities for appropriate peer, family, and mentor interactions as well as specialized, developmentally appropriate programming. These services should include the following:
 - A. Mental health
 - i. Individual screening/assessment to identify presenting signs and symptoms, and ongoing care to prevent worsening of symptoms, treat underlying mental health disorders and behavioral problems, and address other areas of concern and distress
 - ii. Individual and/or group interventions addressing substance use disorders as well as social development, trauma-related concerns, and coping and anger management skills
 - B. Physical health (including medical care, dental care, nutrition, and physical activity needs)
 - i. Health care and health education in accordance with nationally accepted guidelines as outlined by major medical associations that specifically address adolescent health
 - ii. Incorporation of the NCCHC *Standards for Health Services in Juvenile Detention and Confinement Facilities*²
 - iii. A process for timely referral to pediatric/adolescent medical and mental health specialists when appropriate
 - iv. Nutrition, recreation, and sleep schedules and environments in accordance with nationally accepted guidelines as outlined by major health associations that address adolescent health

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- C. Social needs
 - i. Separate and safe space
 - ii. Opportunities to interact and socialize with family, peers, and mentors
 - iii. Access to age-appropriate coping and self-occupying activities
 - D. Life skills and skills specific to transitions to adulthood
 - i. Educational needs
 - ii. Job training
 - iii. Training in attaining employment
6. Appropriate consent and assent processes for treatment should be developed and implemented in line with national standards, and adolescents should not be denied age-appropriate services because of their young age. Facilities should involve parents/legal guardians in adolescents' care as per national standards.
 7. The specific developmental and growth needs of an adolescent population should be addressed in a special needs treatment plan as described in NCCHC standard Y-F-01 Specialized Services for Chronic Disease and Other Needs (see *Standards for Health Services in Juvenile Detention and Confinement Facilities*). NCCHC also advises that facilities consider and respond to the specific health development needs of young adults aged 18-25.
 8. Quality assurance processes and purposeful monitoring should be implemented to ensure the above recommendations are met and processes refined as needed to meet youths' health, developmental, social, and safety needs.

Definitions

Adolescents: young people under the age of 18

Young adults: young people ages 18-25

Discussion

The National Commission on Correctional Health Care recognizes the complex needs of adolescents and finds that placing adolescents in adult correctional facilities is detrimental to their health and developmental well-being. Judicial and correctional authorities must balance the need to address delinquency offenses committed by adolescents and the need to meet adolescents' physical and mental health needs consistent with their developmental stage.

In response to rising rates of serious violent juvenile crime (aggravated assault, rape, robbery, murder) in the 1980s and 1990s, state legislatures expanded laws facilitating transfer of adolescents to the adult criminal justice system. The changes included lowering the age that adolescents could be tried in adult criminal court and increasing the incidents of housing youth in adult correctional facilities.³ In recent years, progress has been made to reverse such mandates by raising the mandatory age for charging youth in the adult criminal system based solely on their age;⁴ however, all states currently have provisions for transferring to or handling certain cases in the adult criminal court.⁵⁻⁷ Additionally, there is increasing recognition that young adults, defined as people ages 18 to 25, have specific health development needs during the course of criminal legal system involvement due to their transition from adolescence to adulthood.⁶

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Although rates of juvenile offenses and serious violent crime have steadily declined since the mid-1990s^{3,6} and most adolescents in criminal courts are not charged with serious violent offenses, adolescents adjudicated in the adult criminal system are more likely to be detained for longer periods of time,⁷ to be rearrested, to have more years of criminal involvement, and to commit more serious future offenses than peers who remain in the juvenile legal system.^{4,5,8}

Furthermore, incarcerating adolescents in adult correctional facilities jeopardizes the longstanding paradigm of protecting adolescents, who are more vulnerable than adults due to their developmental stage, by incarcerating them separately from adults. Placing adolescents in youth (i.e., juvenile justice system) facilities designed to provide appropriate rehabilitation maintains their confidentiality, provides them with specialized community-based services, and ensures that they participate in a more individualized justice system. Finally, incarcerating adolescents in adult correctional facilities can lead to severe, long-term adverse health and social outcomes,⁸ including premature death.⁹

Adolescence is a period of rapid physical, nutritional, cognitive, and social growth and development. These changes are influenced by a variety of factors including genetic, nutritional, environmental, family, and social experiences. This developmental period is also a time when young people are at risk for mental health disorders, including depressive and anxiety symptoms, and co-occurrence of substance use disorders with mental illness.¹⁰ Approximately two-thirds of adolescents who are arrested have a mental health disorder, a rate much higher than among their peers who are not involved in the legal system.⁵ Confinement in any correctional facility may have a major impact on the outcome of this developmental process. Likewise, supporting adolescents in processes that promote healing and accountability for their actions in a trauma-informed, developmentally appropriate manner may promote healthy development and result in positive health and social outcomes.¹¹

Adult facilities are not equipped to manage the mental or physical health needs of adolescents nor to address education, vocation, and other social or developmental needs.⁵ Furthermore, staff in adult facilities commonly are untrained on and ill-prepared to work with concerns unique to adolescents.^{4,5} Another important issue is the higher risk of physical and sexual assaults.⁴ The National Prison Rape Elimination Commission Report concluded that “Juveniles in confinement are much more likely than incarcerated adults to be sexually abused, and they are particularly at risk when confined with adults.”¹²

Given these facts, adult correctional facilities are not designed to provide optimal care to adolescents in a developmentally appropriate and competent manner. Thus, on the rare occasion when adolescents are in these adult facilities, the standards of care provided to them should align with the recommendations above.

May 1998 – adopted by the National Commission on Correctional Health Care Board of Directors

October 2009 – reaffirmed

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October 2018 – reaffirmed with revision

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