



POSITION STATEMENT

Health Services to Adolescents in Adult Correctional Facilities

Background

Judicial and correctional authorities have always been challenged with the problem of adolescents committing offenses. 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 juvenile offenders to the adult criminal justice system, including lowering the age that adolescents could be tried in adult criminal court and increasing the housing of youth in adult correctional facilities (Sickmund & Puzanchera, 2014). In recent years, progress has been made in raising the mandatory age for charging youth in the adult criminal system solely based on their age (Justice Policy Institute, 2017), but all states have provisions for transferring cases to the adult criminal court (National Conference of State Legislatures [NCSL], 2011a; Statistical Briefing Book, n.d.; Teigen, 2017).

Although rates of juvenile offenses and serious violent crime have steadily declined since the mid-1990s (Sickmund & Puzanchera, 2014, Statistical Briefing Book, n.d.) and most youth in criminal courts are not charged with serious violent offenses, youth adjudicated in the adult criminal system are more likely to be detained for longer periods of time (Kurlychek & Johnson, 2006), to be rearrested, and to commit more serious future offenses than youth who remain in the juvenile justice system (Justice Policy Institute, 2017; NCSL, 2011a).

Furthermore, incarcerating adolescents in adult correctional facilities jeopardizes the long-standing paradigm of protecting the innocence of youth by incarcerating them separately from adults, maintaining their confidentiality, providing them with specialized community-based services, and ensuring that they participate in an individualized justice system. Finally, incarcerating adolescents in adult correctional facilities ignores the fact that the growth and developmental changes that occur in adolescence are substantially different from those that occur in adults.

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 frame when youth are at risk for developing mental health disorders, including depressive and anxiety symptoms, and adolescents may have more than one disorder, including co-occurrence of substance abuse and mental illness (NCSL, 2011b). 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 juvenile justice system (NCSL, 2011a, 2011b). Confinement in any correctional facility may have a major impact on the ultimate outcome of this developmental process.

Adult facilities are not well equipped to deal with the mental or physical health needs of adolescents nor to address education and job training (NCSL, 2011a). Furthermore, staff in adult facilities commonly are not trained or prepared to work with the problems unique to adolescents, thereby impairing the ability of these youth to develop the skills needed to overcome crime and delinquency behaviors (Justice Policy Institute, 2017; NCSL, 2011a). Safety is another major concern, as juveniles housed in adult facilities are at greater risk of physical and sexual assault (NCSL, 2011a). The National Prison Rape Elimination Commission Report (2009) concluded, "Juveniles in confinement are much more likely than incarcerated adults to be sexually abused, and they are particularly at risk when confined with adults."

Given these facts, it is imperative that correctional programs caring for adolescents be designed specifically to meet their needs. It is unlikely that adult correctional facilities can provide these complex services in a developmentally appropriate and competent manner, thus reinforcing the NCCHC's position that juveniles should not be incarcerated in adult facilities.

Position Statement

The National Commission on Correctional Health Care believes that the incarceration of adolescents in adult correctional facilities is detrimental to the health and developmental well-being of youth. The Commission realizes, nevertheless, that jurisdictions may continue to adjudicate youths as adults and incarcerate them in institutions for adults. Therefore, due to the unique health service needs presented by adolescents in adult correctional facilities, the Commission recommends the following:

1. Adolescent health specialists, including medical and mental health professionals, familiar with correctional health care should be consulted in the development of correctional policies and procedures dealing with adolescent inmates.
2. Correctional and health staff who are responsible for the supervision and treatment of adolescents should receive orientation and ongoing training regarding the unique health, developmental, and educational needs of youth.
3. Facilities that house adolescents should recognize their vulnerability in an adult setting. Adolescents should be separated from adults and be given opportunities for appropriate peer interaction and developmentally appropriate and specialized programming. These services should include the following:

Mental health

- Individual assessment/screening to identify presenting signs and symptoms, and ongoing care to prevent worsening of symptoms, treat underlying behavioral health disorders, and address areas of concern and distress
- Individual and/or group interventions addressing substance use as well as social, coping, and anger management skills

Physical health (including medical care, dental care, nutrition, and physical activity needs)

- Health care and health education in accordance with nationally accepted guidelines as outlined by major medical associations that specifically address adolescent health
- Incorporation of the NCCHC *Standards for Health Services in Juvenile Detention and Confinement Facilities*
- A process for referral to pediatric/adolescent medical and mental health specialists

Social needs

- Separate and safe space
- Opportunities to interact and socialize with peers
- Access to age-appropriate coping and self-occupying activities

Life skills and skills specific to transition-age youth

- Educational needs
- Job training
- Training in attaining employment

4. NCCHC advises that the specific developmental and growth needs of an adolescent population be addressed in a special needs treatment plan as described in NCCHC standard F-01 Patients With Chronic Disease and Other Special Needs (see *Standards for Health Services* manuals for jails and prisons).

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May 1998**

October 2009 — reaffirmed

October 2012 — reaffirmed

October 2018 — reaffirmed with revision

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