

# PROJECT FACT FOR MINORS

Fostering Alternative Care for Troubled Minors

(JUST/2015/RCHI/AG/PROF/9578)

2<sup>ND</sup> Steering Group Meeting

18-19 May 2017

Barcelona



Funded by the  
Justice Programme of  
the European Union

# PORTUGAL: 1. DESK RESEARCH: LEGAL FRAMEWORK

## YOUTH JUSTICE MEASURES

- Youth Justice Act (Law n° 166/99, of 14th of September);
- Youths aged between 12 and 16 years old who have committed facts qualified as crimes;
- **The young person has a specific set of rights through all legal proceedings, among which be assisted by an expert in psychiatry or psychology whenever required for the purpose of evaluating the need for the application of an educational measure;**
- **During internment youths have the right to an appropriate hospital and medical care,** including regular clinical supervision, such as medical exams, medical treatments, medication, vaccination, and screenings.

# PORTUGAL: LEGAL FRAMEWORK

## PENAL MEASURES

- Criminal Procedure Code (CPC);
- If a minor has reached the age of 16 – minimum age for criminal responsibility in Portugal – he/she is subjected to the general penal law and is judged as an adult;
- Youths under the age of 18 can be detained and execute a penal measure in an adult prison;
- Health care and medical assistance are guaranteed and are provided in prisons' health units and, whenever is necessary, in outside health facilities. Youngsters can receive information and counselling on health issues, and benefit from an elaborated plan to promote health and to prevent disease, with a particular focus on the reduction of risk behaviours;
- There are two prisons with psychiatry and mental health services in Portugal – ONLY FOR ADULTS

# PORTUGAL: NATIONAL MENTAL HEALTH POLICIES AND THERAPEUTIC CARE

**The National Plan for Mental Health (2007-2016) has established a set of goals and concerns about mental health care:**

1. The need to improve the mental health care delivering and the promotion of the articulation between health professionals;
2. Concerning children and youth at risk, and in the scope of primary health caregiving, which ensures the mental health care, it was defined the need to create support groups to infant mental health which should articulate with community structures (e.g., Child Protection Committee and Youth at Risk);

# **PORTUGAL: NATIONAL MENTAL HEALTH POLICIES AND THERAPEUTIC CARE**

**The National Plan for Mental Health (2007-2016) has established a set of goals and concerns about mental health care:**

**3. When children are integrated in the justice system or under the state protection they have support in the institutions, in order to benefit from interventions to improve their mental health resources, namely to change dysfunctional behavioral patterns;**

**4. A task force should be developed to define guidelines, in order to answer the problems of children and youth at risk.**

# PORTUGAL: NATIONAL MENTAL HEALTH POLICIES AND THERAPEUTIC CARE

## THERAPEUTIC CARE

- The law does not envisage a specific and separated ‘therapeutically custodial measure’, in which youth offenders could benefit from psychiatric and/or psychological treatment during detention specifically designed to address their needs
- “Although the current legal framework foresees the creation of specialized centers or residential units that should provide therapeutic programmes specifically designed for those with personality disorders or serious addictive behaviours, **such units and programmes have not been implemented.**”

# PORTUGAL: NATIONAL MENTAL HEALTH POLICIES AND THERAPEUTIC CARE

## THERAPEUTIC CARE

- There are therapeutic communities in Portugal, but these are mainly targeted to minors at risk with problems related to substance abuse;
- In some cases youths can be placed in units for adults, due to the lack of resources available, psychological support and psychiatric outpatient treatment;
- Medication is provided;

# PORTUGAL: NATIONAL MENTAL HEALTH POLICIES AND THERAPEUTIC CARE

## THERAPEUTIC CARE

Mental health care is provided to a youngster placed in educational facilities under a custodial youth justice measure, although some issues remain unquestioned:

- **The type of mental evaluation conducted;**
- **Which entities are providing the mental health responses;**
- **The kind of monitoring applied;**



Lack of specialized, integrative and standardized guidelines for practice!



# COLLECTION OF SUCCESSFUL MODELS

## THERAPEUTIC CARE

### TREATMENT OF DELINQUENCY

#### OVERALL OBJECTIVES

- Social Reintegration
- Reducing Recidivism

#### INTERMEDIATE OBJECTIVES

- To promote social skills
- To reduce drug use and health risks associated with consumption
- To teach non-violent communication behaviors

# COLLECTION OF SUCCESSFUL MODELS



## THERAPEUTIC CARE

### TYPES OF PROGRAMS

1. PROMOTION OF SKILLS AND HABITS
2. DEVELOPMENT AND RESTRUCTURING OF THOUGHT
3. EMOTIONAL REGULATION AND ANGER MANAGEMENT
4. THERAPEUTIC GAINS MAINTENANCE AND RELAPSE PREVENTION

# COLLECTION OF SUCCESSFUL MODELS

## THERAPEUTIC CARE

### INTERVENTION LEVELS

1. INDIVIDUAL INTERVENTIONS
2. GROUP INTERVENTIONS
3. FAMILY INTERVENTIONS
4. COMMUNITY INTERVENTIONS
- 5. INTERVENTION IN INSTITUTIONAL ENVIRONMENT**
6. INTERVENTION IN PRISONS

# COLLECTION OF SUCCESSFUL MODELS

## THERAPEUTIC CARE: INTERVENTION IN INSTITUTIONAL ENVIRONMENT

### RELEVANCE

- Institutional treatment programs have generally shown positive impact on recidivism

### MORE EFFECTIVENESS

- Behavioral programs are more effective than psychodynamic or cognitive-behavioral approaches
- Institutional programs are most effective when they are:
  - applied to individuals with more risk factors
  - sensitive to the specific needs of their targets
  - structured in a specific way, also taking into account the type of crime

### LESS EFFECTIVENESS

- Strategies based on non-directive/humanist inspiration group counseling
- Poorly structured programs
- Programs that do not include assessment needs

# COLLECTION OF SUCCESSFUL MODELS

## **THERAPEUTIC CARE:** INTERNMENT IN EDUCATIONAL CENTERS – PORTUGUESE CASE

### KEY INTERVENTION INSTRUMENTS

- P.I.E. (Educative Intervention Project)
- R.I. (Intern Regulations)
- General pedagogical guidelines
- P.E.P. (Personal Education Project)

### AUXILIARY INTERVENTION INSTRUMENTS

- Models of technical intervention support
- Youth's individual dossier

### EDUCATIONAL AND THERAPEUTIC PROGRAMS (contemplated on P.I.E.)

- School training program
- Vocational guidance and professional training program
- Socio-cultural and sports entertainment program
- Health education program
- Therapeutic and delinquent special needs satisfaction program

# PORTUGAL: NATIONAL MENTAL HEALTH POLICIES AND THERAPEUTIC CARE

## NATIONAL PREVENTION MECHANISM (2016)

- Between 2011 and 2013 was promoted the Project for Juvenile Justice Psychotherapeutic Assessment and Intervention - PAIPA - with the objective of analyzing the prevalence of mental disorders, identifying the development of an intervention model aimed at young people complying educational measures, carry out a survey of good practices of evaluation and intervention for these young people AND DEVELOP AN INTERVENTION MODEL.
- The study involved a sample of 217 youths in compliance with the two most severe measures, with 63% presenting as the main diagnosis the opposition disorder and behavioral disturbance. **PAIPA ended up not having sequence;**

# PORTUGAL: NATIONAL MENTAL HEALTH POLICIES AND THERAPEUTIC CARE

## EDUCATIVE INTERVENTION PROGRAM (P.I.E.)

### ASSUMPTIONS

Educational Centers (C.E.) are oriented towards education and training and for skills development

Active social reintegration

Principle of socialization

### WHAT IS IT?

Project developed in the context of each Educational Center

“Phased programming intervention, differentiating objectives to be performed in each phase and its respective system of positive and negative reinforcements”

Progressive and phased character

Appropriate intervention to personal and social youth’s development

Applicable to all regimes (open/semi-open/closed)

# PORTUGAL: NATIONAL MENTAL HEALTH POLICIES AND THERAPEUTIC CARE

## EDUCATIVE INTERVENTION PROGRAM (P.I.E.)

### COMPONENTS

Identification of the structure, human resources and other operating aspects of the Educational Center

**Educational intervention** (to promote the acquisition of basic social skills and education for the law)

**Individual intervention** (to promote self-knowledge, accountability, self-control, life project restructuring)

**Assessment** (results measured through behavioral modification, teaching-learning processes, articulation of intervention, impact)

### STRATEGIES

System of gains or expectation of its acquisition and withdrawal of acquired gains (contingencies control...)

Behavior modeling by educational agents (modeling)

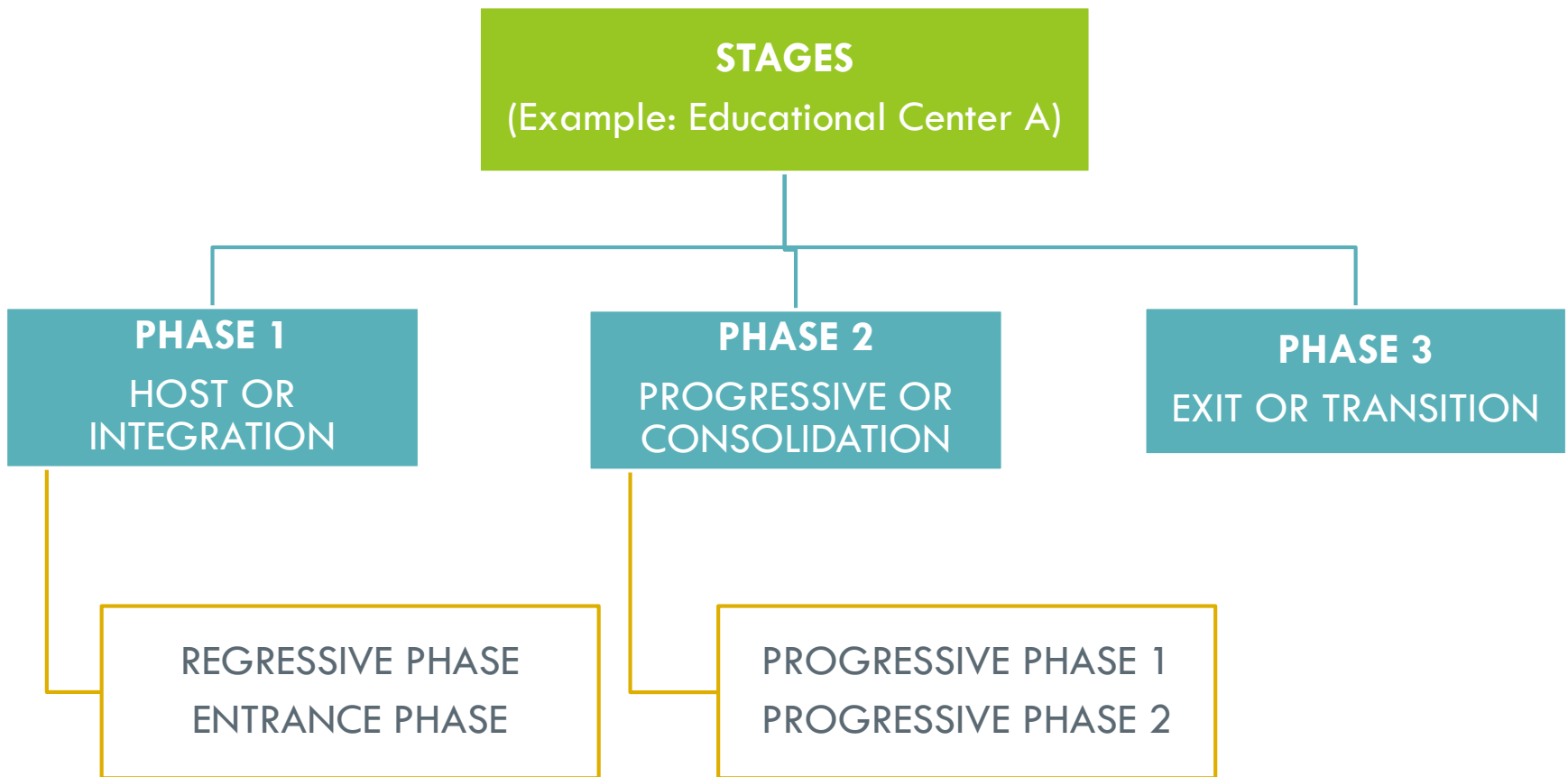
**Therapeutic programs of cognitive-behavioral, psychodynamic, systemic orientation, among others**

Each youth has a social reinsertion technician of reference who manages the entire educational and therapeutic process during internment



# PORTUGAL: NATIONAL MENTAL HEALTH POLICIES AND THERAPEUTIC CARE

## EDUCATIVE INTERVENTION PROGRAM (P.I.E.)



## 2. KEY ACTORS: IN DEPTH INTERVIEW ANALYSIS

- 2 JUDGES
- 2 PUBLIC PROSECUTER
- 2 ACADEMIC/RESEARCHER
- 2 PSYCHOLOGYSTS
- 2 PSYCHIATRIST
- 1 SOCIAL WORKER (director of a Educative Centre)

**(NATIONAL OVERVIEW)**

# IN DEPTH INTERVIEW ANALYSIS

## ■ COMMON PERSPECTIVES:

- Minors under custody with mental health problems must have a specific therapeutic approach
- Minors with mental health problems under legal custody are considered much more problematic to treat mostly because of violent and impulsive behavior – e.g. inpatient treatment in generic hospitals is very difficult for both: the minor and the other patients
- Absence of therapeutic units in Portugal is a **PROBLEM**
- SOCIAL AND FAMILIAR BACKGROUND (VIOLENCE, NEGLECT, LACK OF SUPPORT AND ATTACHMENT DISORDERS) IS THE MAIN PROBLEM OF THIS POPULATION
- CRIME AS A CONSEQUENCE OF ATTACHMENT DISORDERS AND RISK TRAJECTORIES AND IT'S VERY DIFICULT REVERSE THE SITUATION

# IN DEPTH INTERVIEW ANALYSIS

## ■ COMMON PERSPECTIVES:

- Intervention Programs must include all the services involved: health services, social services, educative services and justice
- Intervention programs should be implemented with strong coordination between different institutions
- Intervention programs should include the families
- Intervention programs should address the specific needs of the minor according to the “whole picture”, not only the diagnose of psychopathology

# IN DEPTH INTERVIEW ANALYSIS

## ▣ **CONTROVERSIES:**

- ▣ “Psychotherapy is useless and not effective”
- ▣ (dis)Coordination on the Therapeutic Care System, specially between health and Justice System
- ▣ Discussion about whether it is more effective to create autonomous therapeutic units or to increase the capacity to admit minors (under penal measures) in “general” hospital services – labelling problem

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# FOCUS GROUP: RESULTS

- 1 FOCUS GROUP
- WHAT SEEMS TO WORK:
  - Individual intense psychotherapy
  - Therapeutic alliance: Secure attachment with the therapeutic staff (build a strong and consistent relation)
  - Medication (behavior control)
  - Psychoeducative approach focused on academic and social skills
  - Improve the coordination between judicial and health systems

# FOCUS GROUP: RESULTS

- 1 FOCUS GROUP:

## WHAT SEEMS TO WORK:

- Improve coordination between child protection system and juvenile justice system
- Increase Magistrates sensibility/capacity to implement therapeutically measures
- Facilitate professionals communication (formal but fluent networking)
- Boost family intervention
- Improve after care treatment



25 minors  
(boys)

Age: 12-  
16/18

ACTUAL  
PRACTICES

- Priority access to psychiatric appointments;
- Effective cooperation between the Center and the Hospital Department – Informal and fluent communication
- Both staff is strongly motivated to work with young offenders although they assume that some of them are “*chronic patients*” and/or children “*in the end of the line*”

# CAPACITY BUILDING CONTEXT: CENTRO EDUCATIVO DE SANTO ANTÔNIO

## Context Characteristics

- 24 minors (boys)
- Age: 12 -16/18 anos
  
- a) Bipolar Disorder/Attention Deficit/Hyperactivity Disorder/Conduct Disorder;
- b) Borderline personality structure/disturbance of opposition and behavior;
- c) Depression/toxic consumption/mood disorder without further specification  
and
- d) cognitive deficit of slight degree and without mental/mental retardation  
changes;

### ACTUAL PRACTICES

- ❑ Inpatient treatment in acute cases
- ❑ Poor cooperation between Health and Judicial System:
- ❑ Effective cooperation between the Educative Center and the Hospital Department – Informal and fluent communication
- ❑ Both staff is strongly motivated to work with young offenders although they assume that some of them are “*chronic patients*” and/or “*in the end of the line*”

ACTUAL  
PRACTICES

- ❑ Lack of intervention with families
- ❑ Negative perspective of Child Protection System intervention
- ❑ Staff is insufficient

# NAB – NATIONAL ADVISORY BOARD

REPRESENTATIVE OF NATIONAL PUBLIC ENTITIES

- **CHILD PROTECTION SYSTEM** - PRESIDENT OF NATIONAL COMMISSION FOR CHILD AND YOUTH PROTECTION
- **ACADEMIC RESEARCH (2)**– SENIOR RESEARCHERS AND AUTHOR OF GPS PROGRAM AND “AVENTURA SOCIAL PROGRAM”
- **JUSTICE SYSTEM** - COORDINATOR OF JUDGES AND PUBLIC PROSECUTOR TRAINING PROGRAM
- **JUVENILE JUSTICE SYSTEM** – NATIONAL COORDINATOR OF JUVENILE JUSTICE DEPARTMENT
- **HEALTH SYSTEM**: DIRECTOR OF PEDOPSYCHIATRY SERVICE AT HOSPITAL MAGALHÃES LEMOS (PUBLIC HOSPITAL)

# NAB 1ST MEETING: Results

- NAB have evaluated mental health responses a critical issue
- NAB STTRONGGLY recognizes the advantages of implementing a multiagency approach – avoiding a “hierarchical” model
- Discussion about whether the “**primary case worker/case manager**” (“Técnico Tutor”) should have a central role in the coordination of the actions/decisions taken by the different professionals/entities

# NAB 1ST MEETING: results

- Discussion about the importance of organizing small and regular meetings (gathering “at the same table”) to discuss individual cases: case manager/public prosecutor/psychiatrist/psychologist/social welfare/education (e.g. professors or other significant professional)
- Increase the effectiveness of Child Protection System regarding, namely, to the family intervention
- Promote the articulation between the entities more involved in these cases but also develop a strong network with community structures in order to facilitate the reintegration of the child

## NAB 1ST MEETING: results

- IMPROVE THE COORDINATION between child protection system and Juvenile Justice System (this coordination is a part of an already existent protocol but does not work well in practice)
- Involve child primary care health system in order to facilitate an early detection of risk situation



# RESULTS OVERVIEW

## THERAPEUTIC CARE

### FACTORS ASSOCIATED TO THE EFFECTIVENESS OF TREATMENT PROGRAMS

**High discrimination of targets (medium and high risk offenders) and criminogenic objectives**

**Structured, behavioral and multimodal oriented programs**

**Programs that include, additionally, cognitive components on attitudes and beliefs**

**Programs that ensure high rates of offender's responsiveness**

**Programs from the community (and extension to the community of institutional programs)**

**Programs implemented by trained teams, involved in all operational steps of the programs (high integrity of the treatment)**

# PORTUGAL: NATIONAL MENTAL HEALTH POLICIES AND THERAPEUTIC CARE

## CONCLUSIONS

- The minors targeted by the project FACT present characteristics and specific complexities which are particularly difficult to address and to treat in a juvenile justice custodial or semi-custodial setting;
- Portugal has scarce resources regarding a multi-disciplinary and a multi-agency approach, focused on prevention, evaluation treatment and recovery;
- Minors' therapeutic and socio-educational care are assigned to different institutions and services, so the performance of professionals of both the health system and the justice system seems to be fragmented.

# PORTUGAL: KEY PROBLEMS/FUTURE CHALLENGES



1. The existence of a deeper Knowledge and a more detailed description about children under the Protection System, than about children under the Tutelary Educational System;
2. The need of specialized, integrative and standardized guidelines for granting an adequate mental health assistance to children aged 12-16 executing a custodial measure in Educational Centers;
3. Institutions rely on the local health services for providing psychiatric services and psychological support for children, but the effectiveness of this cooperation is scarce;

# PORTUGAL: KEY PROBLEMS/FUTURE CHALLENGES



4. Intervention protocols, roles and responsibilities among the competent agencies and professionals are rarely well defined and this may cause uncertainty – juvenile justice professionals are faced with dilemmas for which there is no clear course of action;

5. A diagnosis of a mental health problem is challenging, as it is very difficult to know whether the disorder is caused by previous risk situations (e.g., family dysfunction), by the placement itself, or both;

# PORTUGAL: KEY PROBLEMS/FUTURE CHALLENGES



6. Making a diagnosis of psychiatric and behavioral problems in adolescence can be complex, even for experts in mental health, due to the fact that the human psychology is still developing and mood and behavior can fluctuate widely at this age;
7. A diagnosis of a major psychiatric problem is complicated, due to the so-called dual diagnosis issue (e.g., mental illness and a comorbid substance abuse problem);
8. An inadequate therapeutic response may lead to chronic psychiatric disorders;

# PORTUGAL: KEY PROBLEMS/FUTURE CHALLENGES



9. There is a critical need to improve mental health services for children involved with justice;

10. The absence of specific structures to intervene with children with mental health conditions is a recognized weakness;

11. The difficulty to involve different professionals from different areas in the discussion about the project topics;

# PORTUGAL: KEY PROBLEMS/FUTURE CHALLENGES



12. The current fragile economic situation makes it difficult to implement professionals' traineeship, as well as better conditions for children in alternative care;

13. The lack of data/knowledge regarding the criteria applied to the diagnose of mental health problems.

## **THERAPEUTIC CARE**

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# THANK YOU!

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