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AFTERWORD

by VALENTIA ALLEYNE, SYMPOSIUM EDITOR

Many youth in the juvenile justice system have a mental health disorder.¹ In fact, a congressional study concluded that approximately “2,000 youth are incarcerated everyday simply because community mental health services are unavailable.”² Specifically, in Illinois, almost two-thirds of youth in the Department of Juvenile Justice have been diagnosed with a mental health disorder. However, due to the lack of standardized screening and assessment practices and inadequate mental health treatment, many may slip through the cracks. Even if some do receive treatment, they may not receive enough attention.³ The *Public Interest Law Reporter* Symposium and Issue, “Delinquency or Illness? The Intersection of Mental Health and Juvenile Justice,” sought to explore issues facing youth with mental health and behavioral disorders who come in contact with the juvenile justice system.

Both presenters and authors elaborated on the difficulties of serving youth who “do not belong” in the juvenile justice system. With the influx of youth in the juvenile justice system, who could be better served in the mental health, child welfare or educational systems, their mental health conditions tend to worsen. Why? Because these young people are placed in correctional facilities that are not designed for and are ill-equipped to provide appropriate care for them, resulting in further deterioration of mental health conditions, over-reliance on control measures and severe stress on staff and resources in the facilities.

The question when it comes to youth in the juvenile justice system, and particularly those with mental illness, is: “What do we have to do between the time juveniles are first picked up and the time they return home to reduce the chances that they will be back in the criminal justice system in the future?” Our presenters and authors discussed implementing scientifically-sound systems of early screening and assessment; diverting children from juvenile detention facilities into home and community-based programs; utilizing restorative methods to respond to youth crime; and employing evidence-based practices at all levels of the juvenile justice system. These are only some of the areas that are relevant to a discussion on how to improve and respond to the mental health needs of youth that come into contact with the justice system.

Effective management of juveniles with mental health disorders will require coordination and collaboration among a variety of professionals and systems. This cooperation includes law enforcement, corrections, courts, schools, child welfare and public health agencies to create a continuum of care for youth who are in the justice system or are at risk of entering the justice system. If the sole reason that a juvenile comes in contact with the justice system is because of his or her mental health issues, the justice system should be better equipped to adequately meet the needs of the individual youth. Some argue that improving screening and assessment measures will prevent these juveniles from being arrested or once arrested diversion measures should be readily utilized. Only when all of the aforementioned entities reach a consensus will we begin to have a lasting impact on youth with mental health and behavioral disorders so that they do not end up in the juvenile justice system.

NOTES

- 1 See Kathleen Skowrya & Joseph J. Cocozza, Ph.D., *A Blueprint for Change: Improving the System Response to Youth with Mental Health Needs Involved with the Juvenile Justice System*, National Center for Mental Health and Juvenile (2006), available at <http://www.ncmhjj.com>.
- 2 National Center for Youth Law, Juvenile Mental Health Court Initiative, http://www.youthlaw.org/policy/advocacy/juvenile_mental_health_court_initiative (last visited Apr. 30, 2010).
- 3 Patrick Yeagle, *Kids in Prison: Fixing Illinois' Juvenile Justice System*, ILLINOIS TIMES, Apr. 29, 2010, available at <http://www.illinoistimes.com/Springfield/article-7221-kids-in-prison.html>.