Mentally Ill Kids in Jail as Help Is Cut
They Become Trapped in Criminalizing System

Daniel P. Mears

Tonight, as most of us sleep off the day's burdens, nearly 2,000 children in need of mental health treatment will languish in America's jails. Some of these kids, a recent report by the Democratic staff of the House Government Reform Committee documents, are under 10 years old.

Based on a national survey of 524 juvenile detention facilities conducted at the request of Rep. Henry Waxman, D-Los Angeles, and Sen. Susan Collins, R-Maine, the report reveals that in two-thirds of all states, mentally ill youth are locked up, often without charges, simply because no local treatment is available.

Despite such sobering facts, many states are cutting back services for mentally ill youth. In California, Gov. Arnold Schwarzenegger used his line-item veto to largely eliminate funding for the Children's System of Care, which provides services to more than 4,000 young people.

Three decades ago, the country began experimenting with "deinstitutionalization" to weed out less serious youthful offenders from the juvenile justice system. The policy was supposed to help avoid making young people lifetime criminals and to ensure they received services through community agencies. But many communities did not have or develop appropriate services, and the flood of mentally ill youth into the juvenile justice system continued.

Adding insult to injury, states have toughened their juvenile justice systems, doubling, even tripling, the spots for incarcerating young people. Meanwhile, funding for mental health has declined.

The result? More mentally ill youth than ever are entering juvenile courts, receiving few if any services, and becoming trapped in a system that criminalizes them.

An exit strategy from this vicious cycle requires funding and sustained collaboration among law enforcement, justice, mental health and community agencies. In particular, better mental health assessment at the justice system's front door is needed.

The juvenile justice system and communities need to provide a range of services, including coordinated cross-agency case management of mentally ill youth. Insurance coverage for mental illness would also put treatment within reach for many troubled teens.

Currently, 8.5 million youth age 18 and under are uninsured. And among those with private or public insurance, mental health coverage frequently is minimal or non-existent.

The Keeping Families Together Act, which Sen. Collins introduced last fall, represents one step in boosting insurance coverage, in part by promoting coordinated state systems of care. Such steps entail costs, but the savings from eliminating unnecessary incarceration alone would likely offset them, to say nothing of preventing a downward spiral of persistent mental illness, school failure, unemployment, and homelessness.

Juvenile mental health courts, which first appeared in 2001 in Santa Clara County, represent a novel approach to addressing the neglect or excessive incarceration of mentally ill youth. These increasingly popular courts, which also operate in New York, New Jersey and Ohio, systematically assess all participants and provide access to counseling, medication and special education programs.
Initiatives such as these should be buttressed by a public education campaign to show how mentally ill youth can be helped.

Bipartisan efforts in Washington have put the issue on the agenda. Will local and state policymakers consider it? Will California and other states provide the necessary resources? These questions should keep more people up late tonight.

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