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Breaking the link to delinquency

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The numbers are incomprehensibly staggering.

In locales as different as Moses Lake, Wash., and Savannah, Ga., Red Lake, Minn., and the affluent Littleton, Colo., suburb of Denver, 51 students, teachers and passers-by have been murdered and 108 wounded in schoolrooms and schoolyards across the United States over the last 10 years.

In each violent outbreak, fellow students, ages 6 to 18, were responsible. Nearly all of them are believed to have been suffering some form of mental illness, but that will never be known with certainty. Many of the young killers were killed themselves in the episodes, either by their own hand, as was the case at Columbine High School, or by law enforcement personnel.

Those outbreaks and a huge spike in other particularly violent crimes, often caused by relatively easy access to illegal drugs, have resulted in tougher laws for youthful offenders labeled "superpredators" by society, severely curtailed the discretion juvenile judges have in sentencing them, and often prohibiting the judges from ordering mental health services be provided in cases where warranted, according to Thomas Grisso, professor of psychiatry at the University of Massachusetts Medical School and coordinator of the school's Law and Psychiatry Program.

On average, 18,000 to 20,000 juveniles, ages 7 to 17, are arraigned in Massachusetts courts each year as delinquents charged with breaking the law. Of that number, an average of about 5,500 youths are detained in secure facilities operated by the state Department of Youth Services while awaiting the outcome of their trials.

In recent decades, the DYS numbers have risen steadily, and minority youths are over-represented at every stage in the juvenile justice system. Over that same period, Massachusetts and practically all of the United States have witnessed widespread closings of residential facilities for mentally ill youth and drastic reductions in public mental health services for the young.

Dr. Grisso, who also is director of forensic training and research at the UMass Medical School, points out that considerable research shows that 60 percent to 70 percent of the juveniles in custody throughout the country meet the criteria for one or more mental illness. That rate, he added, is nearly three times higher than it is among teenagers in general.

The psychiatrist recently wrote a book, "Double Jeopardy: Adolescent Offenders with Mental Disorders," published by the University of Chicago Press, that outlines a course of action to fulfill obligations to both mentally ill youthful offenders and the public.

What must be kept in mind, he said in an interview, is that "some juveniles truly are delinquent" and that treatment of every young offender who could benefit from it is neither practical nor reasonable.

A more realistic response, he suggests, would be to work to reduce the immediate risk of harm, such as attempting suicide or out-of-control aggressive behaviors, while the youth is still in custody. Treatment also should focus on improving the offender's ability to function and ultimately reducing the risk of his or her mental disorder recurring.

While research does show that immaturity impairs the decision-making ability of young offenders suffering mental

illness, Dr. Grisso points out, it has not examined the combined effects of immaturity and mental disorders. That leaves it up to the juvenile's lawyer to raise the question of competence and to seek a psychiatric evaluation.

The result means that defense lawyers need to receive special training in order to adequately represent a juvenile.

To adequately protect the public, he maintains, it can be necessary to place a juvenile in a secure facility. But doing so removes the juvenile from his home and community, where the most effective treatments have been shown to take place.

The goal, Dr. Grisso said, has to be to keep young offenders in secure settings only as long as it takes to reduce the level of risk to the point they can be treated in their own community.

Key to achieving all of this, he noted, is an effective screening tool to assess a youth's need for mental health services.

In 2000, Dr. Grisso and colleagues, in cooperation with the state DYS, developed such a tool that now is used in juvenile facilities in 26 states. He described the Massachusetts Youth Screening Instrument as a "reasonable mental illness triage system" that identifies potential suicide risks, depression and other mental problems.

DYS also relies upon the UMass Memorial Health Care system to evaluate juvenile offenders in Central Massachusetts who may need acute psychiatric care. William H. O'Brien, executive director of the UMass Memorial Behavioral Health System, said each case is based on individual mental health needs and then the person is referred to psychiatric care unit at the hospital, or to another facility.

One agency providing residential treatment facilities for young people referred by DYS, but not necessarily adjudged delinquent or convicted of a crime, is the Robert F. Kennedy Children's Action Corps. The private, nonprofit child welfare agency operates one-third of the state's residential juvenile justice programs for people ages 6 to 18. The agency works in conjunction with DYS, the Department of Social Services, Department of Education and Department of Mental Health, as well as the state's juvenile court system.

Edward P. Kelley, executive director of the RFK Children's Action Corps, said some of the young people assigned to the residential facilities have been neglected, and others are from abusive homes. They haven't reached the violent stage yet, and may have attention deficit disorder or separation anxiety, he said.

"These are really challenging kids," as Mr. Kelley put it. "They're wonderful kids, but they're challenging."

RFK has an annual budget of \$18 million, a large portion of it from the state. It operates residential and day programs in Boston, Holyoke, Lancaster, Lawrence, Lowell, North Chelmsford, South Hadley, South Yarmouth, Springfield and Westboro, serving about 750 youths with about 400 employees. There also are five residential treatment centers, including a campus in Lancaster, on the site of the old state prison.

"A lot of these kids have faced a lot of emotional trauma, and have behavioral issues," Mr. Kelley pointed out. "If you lock them up and then let them out, you have an even more troubled youngster. We are responsible for treating the kids."

The average stay at an RFK residence is 12 to 18 months. The emphasis is on community-based services, and to reintegrate the children and adolescents into society via group and foster homes that provide good supervision, but have the ability to "pull the kid back in" if necessary, Mr. Kelley said.

Girls sent to the residential programs and treatment centers, he said, often are the victims, rather than the "victimizers." They often have been abused or forced into prostitution. They have lots of behavioral and mental health issues, he said.

"It makes them even more challenging than boys," he said.

"A lot of the girls are very, very disturbed. They are harder to reach, and more difficult on themselves," but as a rule

don't have the histories of violence that boys do, Mr. Kelley said.

"Poverty, societal issues," he said, are behind the growing need for residential treatment. "They misbehave, and we lock them up," according to Mr. Kelley. "Environment plays an incredible role."

He said budget cuts to early childhood programs such as Head Start have made the situation even worse.

"Because of the need to balance the yearly budget, it makes it difficult to make those long-term commitments. We need more community capacity, pre- and post-services, and that might mean fewer residential beds," Mr. Kelley said.

The rising number of female juvenile offenders has spurred DYS plans for a planned \$15 million 50- to 60-bed residential facility for girls in Westboro, on the grounds of the old Westboro State Hospital. Construction is to begin next year.

According to former DYS Commissioner Michael C. Bolden, the residence will be a state-of-the-art building designed specifically for girls, the result of consultations with experts from throughout the country on gender-specific residences.

"One thing I've learned is, you can't take a boys program, paint it pink and make it a girls program," Mr. Bolden said.

The girls' facility will have slightly larger rooms, and bigger bathrooms and showers, along with rooms with more privacy for medical exams.

An important factor, Mr. Bolden said, is relaxing strict "lights out" rules at night, because darkness in bedrooms can trigger bad memories of abuse. The residence will also have a gym, and areas for mothers with children.

Planning for the project began about three years ago after DYS "began to receive an ever-growing population of young ladies."

In fact, he said, there has been an "unprecedented increase" in the number of girls sent to DYS facilities - three times higher than the rate of just a few years ago. Evaluations show that about 70 percent of those girls have pre-existing mental illnesses, usually post-traumatic stress syndrome.

"They are not delinquent as much as suffering from some kind of mental illness, usually compulsive behaviors like injuring themselves, or running away," he said.

Mr. Bolden pointed out that there is a "frustration factor" in dealing with children's mental health, as all of the DYS children are sent by the court to be held in detention.

The agency has proposed an initiative of five planned changes, called "Investing in Female Services at DYS."

A budget of about \$3 million is slated for the initiative. The Westboro residence is a separate, earlier project.

The components of the initiative include:

.Establishing a Clinically Intensive Stabilization Unit for females, consisting of 12 to 15 beds, for girls with severe mental illnesses who may be in crisis. They would be treated in a more medical-type environment, stabilized, and sent back to their regular residences when they are stable.

The current method of treating such emergencies in the regular facility upsets the other girls and disrupts the balance on the units, Mr. Bolden said.

.The relocation of a community-based short-term treatment program for young women, from a locked state facility to a three-month residential treatment program. The state building the women are in now, Mr. Bolden said, has a

prison atmosphere. The community-based program, stressing job skills, would prepare the women to return to the community. Mr. Bolden said that program would be located in the Boston or MetroWest area.

.Establishing an independent living program for girls and women ages 16 to 21 who do not have families they can return to.

Mr. Bolden said the supervised group homes would have six to eight young women, and will have an emphasis on job training and education. Such group homes, he said, are the next step to returning to the community after the residential program.

The program, which already exists for young men, would strive to make the girls and young women independent, so they don't have to go back to unsafe homes. Mr. Bolden said the agency has funding for two independent living programs for females. One of the programs is expected to be located in Central Massachusetts, he noted.

DYS currently has 64 residential centers; and 36 day centers, where children who have left residential programs are monitored and counseled.

"It is not a mental health agency, but DYS is going to enhance some of those mental health services," Mr. Bolden said.

Information from a synopsis provided by the John D. and Catherine T. MacArthur Foundation of Dr. Grisso's book "Double Jeopardy: Adolescent Offenders with Mental Disorders" was used in this report.



Terrance Shanley, left, human resources director, and Edward P. Kelley, executive director of the Robert F. Kennedy Children's Action Corps, on the campus of the agency's treatment center in Lancaster.