POSITION PAPER

Health Care for Incarcerated Youth

Position Paper of the Society for Adolescent Medicine

Each year, increasing numbers of juveniles are incarcerated (1,2). In 1991, 823,449 youths were detained in long- and short-term facilities in the United States (3). As the federal and state governments move to mandate harsher penalties for delinquent youth, this population is likely to increase (4). Systems that are already taxed will find their resources diminishing relative to demand. Many youth entering detention lack comprehensive health care and have long-term neglected health needs (5,6), whereas the scope of the care offered by detention facilities varies widely.

Juvenile detainees have been identified as a group that participates in high-risk behaviors including substance abuse (7–10), early sexual activity (10–13), violence (10), weapon use (10), murder (14), and gang involvement (10). This group also has a high prevalence of medical conditions including seizure disorders, respiratory disease, nutritional deficiencies, and orthopedic, skin, and dental problems (5,11,15–18). In addition, juvenile detainees often have physical or psychological disorders that contribute to behavior problems (15,19–23). For example, a high rate of depression has been reported among detained youth (10,18,24). Moreover, during detention, youth may be at risk for accidental or self-inflicted injuries (6,25) as well as stress-related symptoms (17).

The time in custody presents a unique opportunity to address the basic health concerns of this population and provide health education. However, a number of factors tend to impede the provision of excellent health care to detained adolescents. Currently, under federal regulations, incarcerated populations, even detainees under 18 years of age, are ineligible for Medicaid benefits. This prohibition postpones fulfillment of the health care needs of incarcerated youth.

The provision of health care in detention settings is complex and multifaceted, and has the potential for conflicts of interest. The health care professional's primary responsibility is to ensure the welfare of individual detainees. When youth already under psychiatric care are admitted to detention facilities, their care may be interrupted because of poor coordination between mental health providers within and outside the detention system. When juveniles are released from detention, follow-up of medical and psychological needs is often neglected. Incarcerated youth depend on others for their medical, psychiatric, and dental care, and lack outside oversight. Unfortunately, this situation can lead to a decline in accountability.

The Society of Adolescent Medicine believes that health care providers in correctional settings should take an active role in ensuring the unimpeded access to health care for all juvenile detainees as well as the ongoing health and safety of the young people within their purview, and endorses the following positions:

- Governmental agencies should provide adequate resources for appropriate health care within juvenile detention facilities. We believe that Medicaid coverage should continue for otherwise eligible incarcerated children and adolescents.
- Medical and dental care must address emergent (life- or organ-threatening), acute (new onset), and chronic (pre-existing) conditions in youth. Each youth should receive health screening ideally upon arrival in detention or at least within 24 hours to rule out emergent needs, contagious diseases, and evaluation of the need to continue current medications. A complete health assessment and health maintenance examination should

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be offered within a few days of arrival (3–7 days) and include a medical and social history, physical examination, and assessment of immunization status and administration of the Centers for Disease Control and Prevention's recommended immunizations as permitted by law. Sexually active females and all males should be screened for sexually transmitted infections. Appropriate follow-up and referral sources should be made available to facilitate continuing care as needed.
- Mental health services must be available to provide timely care for acute and chronic psychiatric and emotional conditions including, but not limited to, acute psychiatric decompensation, depression and suicidality, and substance abuse.

Although a trained mental health provider is the ideal care provider, other trained medical professionals may perform initial screening with appropriate referral for those detained youth who require additional assessment and treatment. A critical focus of mental health screening should be suicide risk and requires the implementation of appropriate precautions should sufficient risk be present. Finally, many youth who enter detention may be taking psychotropic medication. Mechanisms to continue psychotropic drugs and provide evaluation need to be in place to minimize gaps in treatment. Standing orders for the administration of psychotropic medications are considered inappropriate.

- The Medical Director should be a licensed health care professional who supervises the medical care and ensures that written protocols are maintained and periodically revised.
- Medical personnel must report to an authority other than the penal system, such as the public health department, while remaining integrated within the operations of the detention facility and juvenile court system.
- Health care professionals caring for detained youth within a detention facility should not participate in police or punishment processes, including evidence collection (27).
- Health care providers should regularly evaluate the medical safety of detainees' activities, including exercise regimens during hot weather, conditioning, aquatics, and the safety of climbing equipment. In addition, the appropriateness and types of physical restraints employed as well as the use of physical force should routinely be examined.
- A formal program of health education, especially in long-term facilities, should be offered to detained youth (27).
- Health care professionals, child advocacy groups, and other youth-related organizations must demand accountability from detention authorities to ensure the health and well-being of juvenile detainees.

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