

Juvenile inmates have more mental health hospitalizations, study finds

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Depression, substance abuse and other mental health problems account for a much larger share of hospital stays for children and teenagers in the juvenile justice system than for other hospitalized adolescents.

Juvenile inmates are much more likely to be hospitalized for [mental](#)

[health](#) problems than children and teenagers who are not incarcerated, according to a new study from the Stanford University School of Medicine.

In addition, the hospital stays of these inmates are longer, suggesting that their underlying mental health problems are worse.

The new study, published online July 21 in the *Journal of Adolescent Health*, examined almost 2 million hospitalizations of California boys and girls over a 15-year period. Mental health diagnoses were responsible for 63 percent of hospital stays by young people in the [juvenile justice](#) system, compared to 19 percent for those not in the system.

Although mental health problems have been previously documented in juvenile inmates, the study's large size and assessment of hospital stays gives new insight into the widespread nature and severity of their mental health diagnoses.

"We know young people in the [juvenile justice system](#) have a disproportionate burden of mental illness, but I was really surprised by the magnitude of the problem, because hospitalizations typically occur for very severe illness," said the study's lead author, Arash Anoshiravani, MD, clinical assistant professor of [adolescent medicine](#). Mental-health hospital stays were even more common in detained girls than boys, he noted. "If you just looked at girls, 74 percent of their hospitalizations were for mental illnesses," he said. "That's pretty sobering."

Anoshiravani is also an adolescent medicine specialist at Lucile Packard Children's Hospital Stanford and medical director of the Santa Clara County Juvenile Custody Institutions.

The study examined all California hospital discharges between 1997 and

2011 for 11- to 18-year-old kids. Data on non-California residents were excluded, leaving 1.9 million hospitalizations. Of these, 11,367 were for patients who had come from or were being discharged to a juvenile detention facility.

Types of mental-health diagnoses

Hospitalized juvenile inmates were older, more likely to be male, to be African-American, to be from larger urban counties and to have public health insurance than their non-incarcerated counterparts.

Median hospital stays were about one day longer for inmates than noninmates (six compared with five days). However, for certain categories of hospitalization, the gap in length of stay was much greater: Teens and children transferred to substance-abuse treatment facilities had a median stay of as long as 71 days if they were in the juvenile [justice system](#), versus 28 days for nondetained young people. Because more juvenile inmates are publicly insured, these longer stays increase public expenditure, too.

The types of mental health diagnoses did not differ much between the groups: Depressive disorders, [substance abuse](#) and conduct disorders were the most common mental health problems in both groups, with conduct disorders occurring somewhat more often in detained youth. The types of diagnoses suggest that many incarcerated teens' mental health problems developed in response to stressful and traumatic childhood experiences, such as being abused or witnessing violence, Anoshiravani said.

"They're regular kids who have had really, really horrible childhoods," he said, adding that he hopes the new data will motivate social change around the problem.

"We are arresting kids who have [mental health problems](#) probably related to their experiences as children," he said. "Is that the way we should be dealing with this, or should we be getting them into treatment earlier, before they start getting caught up in the justice system?"

Provided by Stanford University Medical Center

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