EUROPEAN COMPARATIVE ANALYSIS AND TRANSFER OF KNOWLEDGE ON MENTAL HEALTH RESOURCES FOR YOUNG OFFENDERS (MHYO). JLS/2008/CFP/DAP/2008-1

Focus group of National experts in the UK
Mental Health and Young offenders (MHYO)

6th October 2010.
Brentford Football Club
Wednesday 6th October Daphne MHYO

14:00 - 15:30  **Focus group of National experts on Mental Health and Young offenders in the UK.**

**Welcome Addresses.**
Pupil Parent Partnership (PPP) and International Juvenile Justice Observatory (IJJO).

**Introduction.**
Dr Charlotte Lennox. Research Associate. Offender Health Research Network. University of Manchester. UK

**A) Profile of the Mentally ill Juvenile Offender:**

- General background (individual, physical, social, cultural and socio-economic characteristics) of the young offender with mental health issues.

- Age and prevalence patterns in custody and the proportion of young offenders under therapeutically custodial measures.
• The prevalence of the co morbidity or co-occurrence of mental health disorders in young offenders.

B) Legal Framework: Penal and Child Care Regulation.

• A paradoxical situation can arise for young offenders who suffer from a mental disorder or some kind of addiction to toxic substances: the juvenile justice system considers them responsible, and the health system recognizes them as the victims of their own mental disorder.

• Having in mind these aspects, several issues need to be considered such as young people with mental health problems and penal liability, ethical principles and practices followed by the justice and health system in the United Kingdom.

• How are confidentiality and professional secret issues managed with young offenders with mental health issues considered non penal responsible?

• What it would be the best procedure to deal with minors with mental health problems non penal responsible? What about their legal assistance?

• What are the minimum requirements with regards to medical assistance when a child is suffering a mental health crisis?
C) Professional Role and Skills Development

- An individualized response to minors and young offenders suffering from some kind of mental disorder or addiction to toxic substances requires necessary coordination between all the agents and organizations involved, mainly those connected to the public-health or therapeutic services, and those belonging to the juvenile justice system.

- Education for judges, legal practitioners and mental health professionals about adolescents’ developmental capacities and mental disorders, and their relation to legal questions about competence and children rights.

- The level of cooperation in the UK between (judge, psychologist, psychiatrist, social worker, teacher, etc).

- Is there any specialized training for juvenile justice and health professionals? And finally, what kind of multidisciplinary teams and intervention procedures?

- Are Staff selected, resourced and trained so that young people in their life can take full advantages of opportunities in custody?
15:30 - 16:00  **Coffee Break**

16:00 - 17:30  **Final discussion and conclusions of the Focus Group of National experts on Mental Health and Young offenders in the UK.**

**D) Intervention approaches: What is Working and What is Not**

- The procedures, and in particular the assessment and psychiatric diagnoses through standardized resources available for juveniles in custody, would be some of the main subjects to work out during this topic. Moreover, the possibilities, outcomes and results related to an early intervention as well as family therapy will provide us a real and clear picture of the intervention approaches in the UK.

- When intervention is needed, what sort of treatment should the system provide?

- The limits of our knowledge (What we can do): Adolescence is a unique developmental period, characterized by enormous variability and change.
• The obligations of the system (What we should do): The sad fact is, nearly all young offenders in the system will meet the criteria for some mental disorder and most could benefit from treatment.

• Youth Re-Offending Can Be Cut by Multisystemic Therapy. Multisystemic Therapy (MST) for Youth Offending, Psychiatric Disorder and Substance Abuse: Case Examples from a UK MST Team. (January 2010-Child and adolescent Mental Health Journal).

E) Proposals for Good Practices

- Training and role of professionals and actors.
- Community-based intervention and prevention possibilities.
- Cooperation and interchange between mental-health and justice systems,
- Specific mental health units for young offenders with MH needs.
- To reduce offending by providing prevention programmes and an effective treatment.

(…..)Few have any qualifications or had worked prior to prison and most had traumatic experiences prior to their incarceration. They are 18 times more likely to commit suicide in prison than in the community (Prison Reform Trust, 2007).
‘Suicides are more likely to occur in the first few months of custody (Prison Reform Trust, 2009). The risk can be reduced by sensitive treatment by prison staff, and by the capacity of the prison to respond to the prisoner’s concerns’.


17:30-19.30 Networking reception with experts.