

Recommendation from the Council for the Administration of Criminal Justice and Protection of Juveniles - *Summary*

Recommendation to the State Secretary for Justice, dated 28 May 2009

Care for detainees with mental disorders in the custodial institutions for juvenile offenders

A 2003 study shows that some seventy-five per cent of the detainees in custodial institutions for juvenile offenders are contending with serious behavioural disorders. This percentage is ten times that of their peers in the overall population. Another finding was that detainees in custodial institutions for juvenile offenders much more often belong to minority groups with a different ethnical/cultural background, than could be expected on the basis of the average distribution of these ethnic groups throughout the overall population.

Based on the International Convention on the Rights of the Child (ICRC), detainees in custodial institutions for juvenile offenders are entitled to the same level of care as juveniles in the outside world. There is, however, significant room for improvement in that respect. That also was one of the conclusions of the Dutch Youth Care Inspectorate — together with four other Inspectorates — and the Netherlands Court of Audit in 2007. Prompted by this criticism, the National Agency of Correctional Institutions is working hard to implement those improvements. The Council supports these improvements and has included additional suggestions in this recommendation to improve the level of care. These recommendations put more emphasis on collaboration between the Ministry of Justice and the Dutch Mental Health Care Association, and on the creation of regional custodial institutions for juvenile offenders.

First of all, the Council takes the position that mental health care institutions, child health clinics, GPs, paediatricians, the Mental Healthcare Association for adolescents, youth care, the Child Protection Board and Centres for Youth and Family should pay more attention to early identification, diagnosis and treatment of mental disorders in children and adolescents. These measures will prevent a number of young people with mental disorders from ending up in custodial institutions for juvenile offenders.

Secondly, young people who commit crimes should less frequently be placed in custodial institutions; preferably they should be given an extramural sanction, such as a behavioural training programme. This is also in conformity with the principles of the ICRC.

In determining the appropriate response to the criminal behaviour of young people (with mental disorders), the Council holds that four 'dimensions' should always be identified. These dimensions relate to the extent to which a youngster constitutes a risk to society, the extent to which he or she is mentally disturbed, the degree of sanctioning that is commensurate with his situation, and the extent to which child protection is required, which in turn depends on the extent to which the youngster is causing harm to himself, or is being neglected by those who are responsible for him. The response to the criminal behaviour must subsequently be in line with those four dimensions. That means, according to the Council, that a youngster with a minor disorder who constitutes no or hardly any risk/danger to society can be treated in an out-patient programme rather than necessarily being detained in a custodial institution for juvenile offenders. However, a youngster suffering from serious disorders, but who is not dangerous, could be treated in a forensic psychiatric out-patient clinic or be given (intensive) day treatment. The Council believes that these options can be identified with the help of the screening tool that was recently developed.

The Council is strongly in favour of placing young offenders in custodial youth institutions in the region where they come from, and for developing regional custodial institutions (or regional branches of these institutions) for juvenile offenders. The provision of care in a regional context is of vital importance for the involvement of the parents/caretakers in the treatment of these youngsters, for proper aftercare, and for close collaboration with the Mental Youth Health Care Associations and other institutions that provide youth care.

The Council completes its recommendations by giving a number of concrete pointers to improve the situation in custodial institutions for juvenile offenders, such as treatment principles, a specific environment tailored to vulnerable groups of juveniles, the drugs and alcohol policy in the institutions and crisis help centres and the use of coercive measures. The Council concludes its recommendations with a number of criteria that should be met by the organisation, the staff and the buildings of the custodial institutions for juvenile offenders.