

Addressing the unmet health needs of justice system-involved youth

Detained youth throughout the world represent a vulnerable group, for whom social determinants often have a detrimental impact on their lives and health. Insufficient access to food and stable housing, quality educational and economic opportunities, secure family and community environments, adequate recreation and transportation infrastructure, and community-based social and health-care services¹ are crucial factors in how and why many young people become involved in the criminal justice system.

In *The Lancet Public Health*, Rohan Borschmann and colleagues² report the results of their Scoping Review of almost four decades of literature documenting the health of youth in detention. They report that detained adolescents commonly experience poor health across a range of physical and mental health domains, including mental disorders, self-harm and suicidal behaviour, substance use disorders, neurodevelopment disabilities, blood-borne viruses and sexually transmitted infections (STIs), and sexual and reproductive health.² The authors also document the disparities between detained youth and their non-detained peers matched on age and sex, highlighting the higher prevalence of various health conditions and the increased morbidity and mortality risks for justice system-involved youth.

Importantly, the Scoping Review shows that the issues that characterise the lives of adolescents involved in the justice system (ie, disadvantage, instability, abuse, neglect, poor education, and poverty) are not solely problems in high-income countries. Although most publications included in the review were from high-income nations, the existing high-quality studies from low-income and middle-income countries suggest that

structural societal inequities (including those related to economics, race or ethnicity, or social policy) influence the poor life and health outcomes of these youth worldwide.

With regard to improving the health outcomes of this vulnerable population, the solutions are not simple. The most accessible first step involves expecting more of the systems and adults entrusted with the care of this population during detention. Screening for unmet health needs—whether they be inadequate childhood vaccination, poor oral health, possible STIs, or underlying mental, behavioural, or developmental health conditions—and providing high-quality care in a timely, respectful, and adolescent-friendly manner should be the responsibility of health officials who work in such facilities. The regrettable detention of a young person is a rare opportunity to address unmet health and life needs and to proactively re-establish connections with community-based resources before and upon release.

Fulfilling the original rehabilitative promise of juvenile justice is challenging governmental and non-governmental agencies to find new ways to transition their services and to commit more resources upstream of juvenile detention. Almost all detained youth return to their communities eventually, and reform strategies now aim to keep these youth in their own homes, schools, and neighbourhoods, whenever public safety allows. In the USA, overall arrest and detention rates have decreased in the past decade,³ and even more so in counties and states that have embraced key juvenile justice reform principles such as diversion from detention and community-based supervision and programming.⁴⁻⁶

At present, the evidence base is weak for how best to replace detention-based health care for justice system-involved youth with easily accessible, adolescent-friendly, culturally appropriate, and trauma-informed integrated physical, reproductive, mental, and dental health care in the schools, community centres,

and even streets in which these youth might spend their time. Effectively addressing the toxic stress and the intergenerational effects of trauma, poverty, and entrenched disadvantage will require a reimagining of paediatric and adolescent primary care, while focusing on earlier interventions for younger high-risk children, especially in highly impacted communities.

As Borschmann and colleagues have shown,² youth who become involved in justice systems are an especially vulnerable group globally. This population deserves a highly skilled and dedicated team—including teachers, lawyers, social workers, physicians, nurses, probation officers, judges, mentors, coaches, spiritual leaders, policy makers, and mental health clinicians—that works across disciplines and in close partnership to effectively address their health needs.

I declare no competing interests.

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