

Health care standards for youth in custodial facilities

Adolescent Medicine Committee, Canadian Paediatric Society (CPS)

Scope and definition of problem

Currently in Canada nearly 5,000 youths are in court-ordered custodial facilities such as jails, halfway houses, detention centres and group homes. In 1993-94, 25,602 youth court cases resulted in a sentence of either jail or open custody in less restructured facilities such as group homes.¹ Because of short sentences and rapid turnover, the average number in custody on any given day was 4,931.² Past surveys of such adolescents in both the United States and Canada have revealed a high prevalence of medical and mental health problems.^{3,4} Pichot and Frappier have shown the principal problems are related to dermatology, endocrinology, urology, respiratory, dentistry, psychology and substance abuse.⁵

When adolescents in custody are admitted to the care of the state, institutions are obligated to provide appropriate attention to these problems. By promoting the physical and mental well-being of adolescents in custodial facilities, it is hoped the health care system can provide services that contribute to overall rehabilitation.⁶

Specifically addressed in this statement are issues related to type, timing and continuity of care and records. No attempt has been made, however, to define standards for the physical facilities themselves, except where specific components could directly affect the health of these adolescents.

The Adolescent Medicine Committee of the Canadian Paediatric Society urges health care professionals to assume a more active role in advocating for this group of adolescents. The committee therefore recommends the following medical protocol be adopted as guidelines for the health care of young people in custodial facilities.

Health policy

Within each facility, a staff member should be designated in charge of the health program. This program should have clearly established policies and operating procedures for all matters concerning the physical and mental health of the adolescents in the facility's custody. In the majority of facilities, these policies should be set by an advisory committee. However, in settings too small or without extensive staff, appropriate standards for the facility should initially be determined by a consultant group, with staff from each setting responsible for their maintenance. A periodic review of standards should be made to respond to changes within either the facility or the resident population. It is suggested the advisory committee consist of individuals who can address the following issues:

- administration;
- medical care;
- dental care;
- educational and psychological needs;

- resident advocacy.

Services provided by the facility

1. Guidelines for short-term placements

INTAKE ASSESSMENT: All facilities admitting adolescents to care should medically evaluate each individual within 72 hours of admission. The necessary protocol should be in place for dealing more rapidly with acute illness, trauma or contagious disease, both to initiate treatment and to protect those already in the facility. Following a medical and psychiatric history, a behavioural questionnaire is recommended to determine whether the youth presents a danger to either him/herself or to others. This initial assessment can be performed by a suitably trained nurse, nurse clinician, or physician.

EMERGENCY CARE PLAN: It is essential that a clearly detailed 24-hour, seven-day-a-week emergency care plan be in existence and fully understood by all staff. A health care manual listing relevant issues and local resources appropriate for each facility should also be available. Someone trained in first aid and CPR, as well as management of violent or confrontational behaviour should be present at all times. A list of around-the-clock emergency medical resources should be posted. Everyone employed at the institution should be familiar with the health program, and should know which individuals are in charge of addressing acute medical problems at all times.

2. Guidelines for longer-term placements

CASE MANAGER: A case manager from the staff should be assigned to each adolescent to organize an individual health assessment. The manager should request past medical history and psychosocial information, and ensure that:

- a recent history and physical have been performed and recorded;
- investigations and assessments ordered have been performed and results reviewed;
- a plan for both short- and long-term health goals is organized and detailed on the youth's chart so further evaluation will be carried out, either in the community upon discharge or in any other institution to which the youth is transferred. This will reduce duplication and ensure the assessment is done.

Of course, every effort must be made to ensure confidentiality of the adolescent's health record.

Continuing health assessment

- a. All previous medical, psychological, educational, psychiatric, and lab evaluations should be available for review.
- b. A complete, confidential history, including sexual behaviour, substance abuse, and a history of physical/sexual abuse should be included.
- c. Complete dental and medical examinations, including a genital examination where appropriate, should be performed once explanations have been given to the youth and consent has been obtained.

- d. If recommended, hearing, visual screening and laboratory evaluations should follow the examinations.
- e. Assessments of cognitive ability and any specific learning disabilities should be made available to adolescents in custodial care.
- f. Immunization should be updated according to provincial guidelines.
- g. A health assessment—with appropriate anticipatory guidance—should be given and should include:
 - education on healthy eating, an active lifestyle and additional treatment as needed;
 - explanation of and counselling on the consequences of high-risk behaviours, such as hepatitis, unplanned pregnancy, HIV and other sexually transmitted diseases, given in a detailed fashion and in a manner consistent with the youth's cognitive ability;
 - ongoing counselling on contraceptives and safer sex, offered to all sexually active adolescents, without judgment of their sexual orientation or practices.

Health record and transfer of case

Both the findings of these investigations and an appropriate health care plan to provide treatment for any conditions detected should be explained to the youth. The youth's health record will be made available within the custodial network, and after discussion and consent, to appropriate health care personnel in the community at the time of discharge or transfer.

Special considerations for the facility

Society is responsible for providing incarcerated youth with living facilities conducive to good physical and emotional health. In meeting the standards set for such institutions, special consideration should be given to providing:

- smoke-free areas;
- recreation facilities promoting safe, active living practices;
- a medical room, ensuring privacy to carry out history-taking and physical examinations;
- nutrition services promoting healthy eating for adolescents;
- health education, including relevant information for pregnant, sexually active or substance abusing youths;
- a safe environment that provides youth protection from both themselves or others as needed;
- a formulary to store medication records for each youth, as well as medication logs for both individuals and the institution.

Conclusion

Youths in detention may have a number of health conditions that contribute to their problems. As part of our commitment to maintaining and improving the health of Canadian children and youth, we are responsible, as health care professionals, to advocate for the investigation and treatment of these conditions. Moreover, there will be added long-term benefits to both the adolescents and the wider community. The attention these youths receive while detained in society's care should improve their overall general health, self-esteem and outlook on life, and may ultimately mean a new beginning.

References

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