

The Juvenile Justice Therapeutic Unit

Community intervention and follow-up for adolescents with mental health and addiction problems in probation programs

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The Juvenile Justice Therapeutic Unit

- Sanitary resource specialised on Mental Health problems and substance addictions, focused on complex pathologies and antisocial conflicts
- *Prevention, evaluation, treatment and recovery*
- **Multidisciplinary** and intensive approach focused on community care, considering risk assessment of clinical and legal recidivism
- Involving patient and family and social context. **Cooperation and Willingfulness** are the clues to develop a positive process



The Goals

- Complete diagnostic assessment:** psychiatric and psychological diagnosis with complementary proves
- Specialised and intensive **therapeutic intervention**
- Intensive nursing care** with an individual care management.
- Improve **treatment adherence** with psycho-educational programs
- Group and individual psychotherapy**, working as a therapeutic community
- Based on a **bio-psycho-social** model with a **multidisciplinary** team that develops an Individual Therapeutic Programm (PTI).
- Priority to **Social Reintegration**

The Juvenile Justice Therapeutic Unit



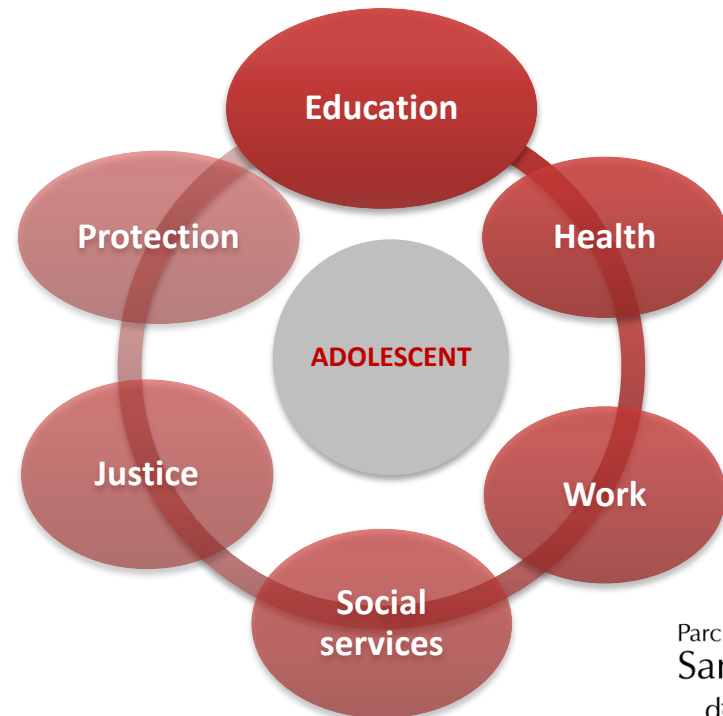
- Young offenders between 14 – 21 years old.
- Mental health and/or addictions.
- 20 beds:
 - 12 beds for intensive mental Health intervention
 - 8 beds for social rehabilitation and community reintegration

Why is it necessary to carry out a follow-up?

- In Juvenile Justice environment, we find teenagers with **mental disorders, personality disorders and/or substance abuse disorders.**
 - Attachment difficulties with the network, before and after internment.
 - Big difficulties with **stress management and low insight**
 - High **impulsivity.**
 - **Precarious social and familiar context.**
- **Building the attachment is a challenge!!**

Why is it necessary to carry out a follow-up?

- Sometimes the existing resources do **NOT** adapt to the complex needs of this youth
- We need interventions that go beyond a unique service and clinical needs
- Coordination** between professionals from different departments is **NECESSARY**
- Recidivism** evaluation
 - 2010-2013** follow-up until **2016**
 - **50% recidivism**
 - During the **first 6 months**



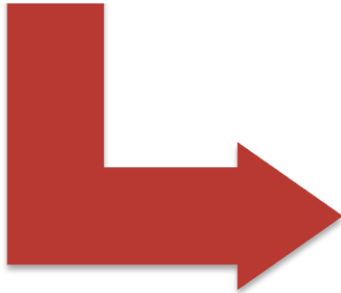
Key Factors

- Attachment importance
- Flexibility
- Affective focused based relationship.
- Emotional availability
- Professional engagement.
- Key worker well connected with the network addressing the desintegration
- Accompany to the network referrals.
- Focused on the adolescent.
- Longitudinal shared active planning
- Unique treatment plan from a multidisciplinary approach.

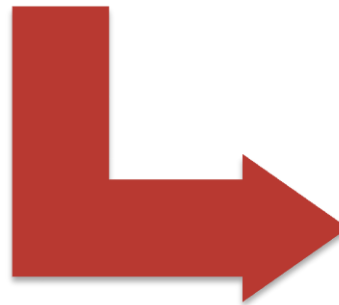


Interdepartmental follow-up community program

During the **first 6 months**
after release



New follow-up and
coordination model
between professionals of
the **Justice, Health, and
Labour** departments,
social affairs and
families of Catalonia



Improved health care for
minors in probation
programmes who have
**mental health and/or
addiction problems**

Results- Quantitative Assessment

Number of participants that have started the post-discharge process	Number of meetings (face to face/phone contact)	Adherence to treatment	Recidivism	Relapse (Abuse)	Relapse (Dependence)
15	53	High: 66,7%(10) Medium:6,67%(1) Low: 13,33%(2) No adherence:13,33 % (2)	26,67% (4)	26,67%(4)	40% (6)

Taula 1: Number of participants, meetings, adherence to treatment, recidivism and relapses (Abuse and dependence) during the follow-up: April 2017 to May 2018

Results- Quantitative Assessment

□ Intensity of the follow-up program:

- More intense during ***the first three months***, specially the first 15-30 days. It's a critic period: the adolescent is more vulnerable and susceptible, need more support from the resources that have to improve their physical, psychological and social well-being
- ***Less intensity related to better support*** at the community

□ Less intensity when the attachment process has been done before during the judicial internment

□ In cases derive to **Intensive Psychiatric Rehabilitation Units**, the follow-up lasts for **two months**

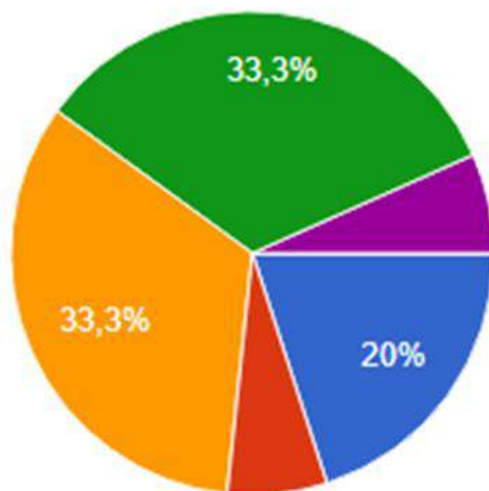
Results- Quantitative Assessment

- **More intensive in girls** than boys. All girls presented ***Cluster B personality traits*** (emotionality, instability and immaturity)

- **Low familiar suport related to recidivism.** Every youth committing a new criminal act (N=4) had a fragile structure and familiar cohesion, and low parent implication in child development.

Results: Satisfaction Inquiry

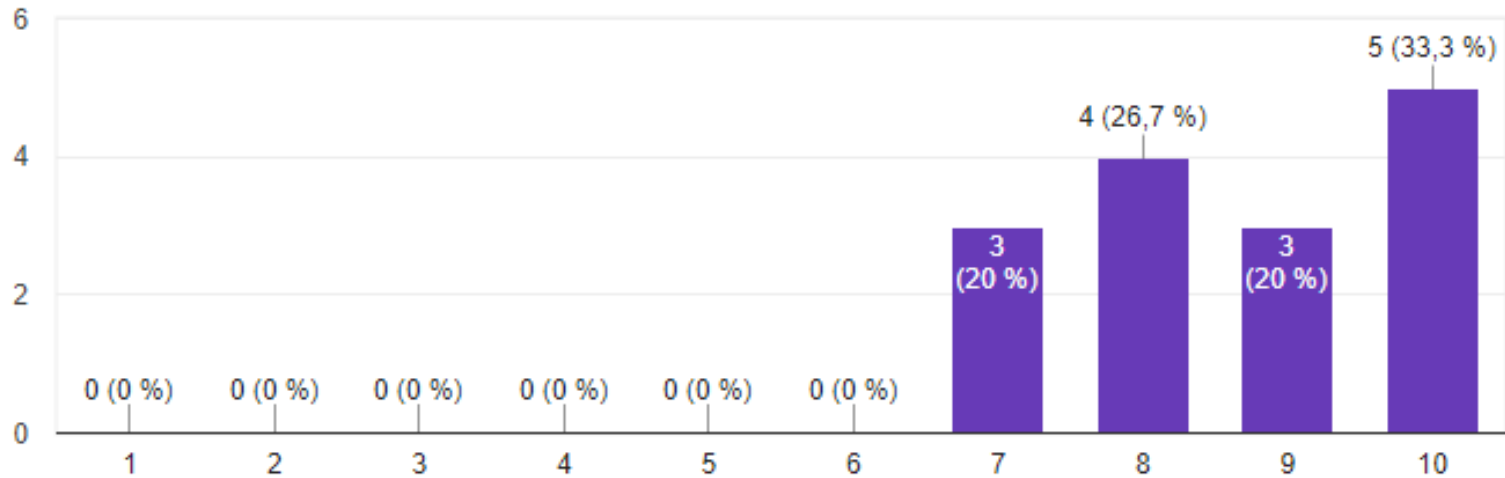
Participants:



- Persona que va estar ingressada a la UT.
- Familiar de persona que va estar ingressada a la UT.
- Profesional de l'ámbit de la salut
- Profesional de l'ámbit de la justícia
- Profesional de l'ámbit de protecció de menors (DGAIA, EAIA)
- Profesional de l'ámbit de serveis socials

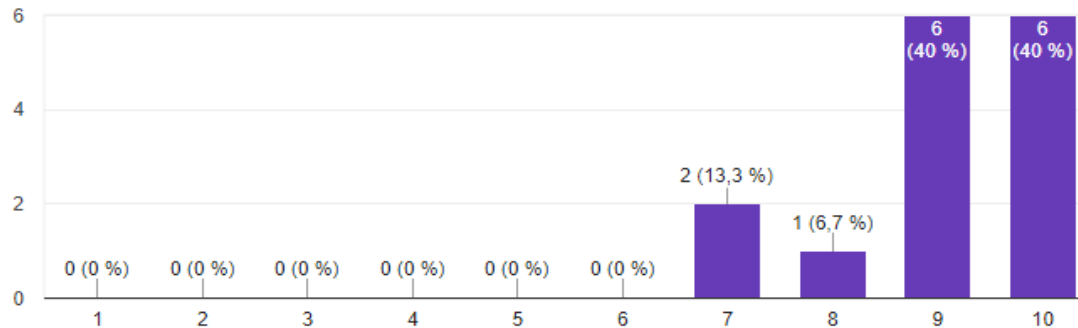
Results: Satisfaction Inquiry

General Satisfaction:

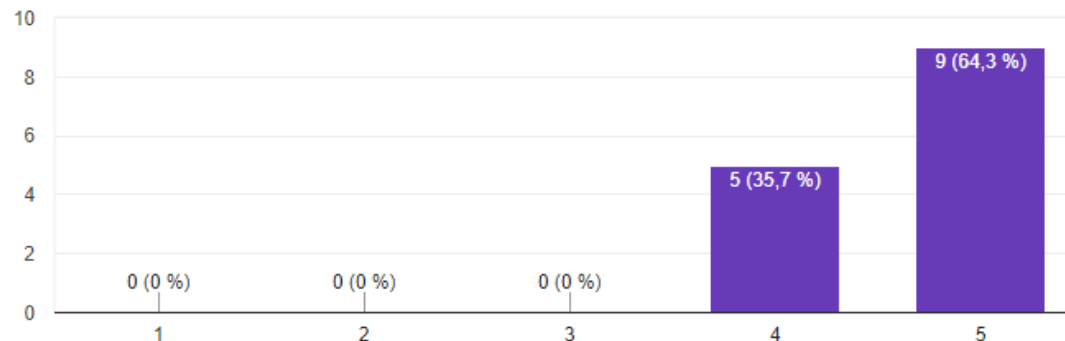


Results: Satisfaction Inquiry

Therapeutic Unit Professional Availability

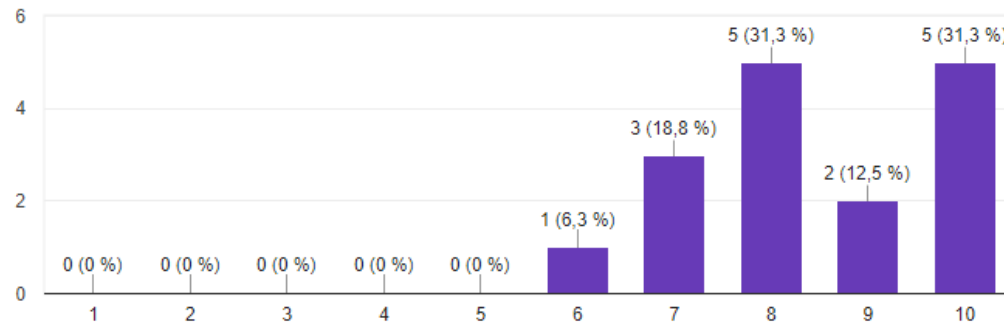


Perceived coordination and communication between professionals

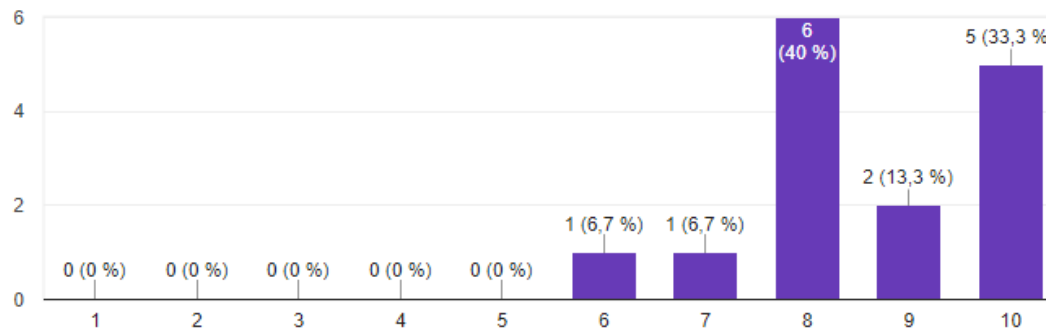


Results: Satisfaction Inquiry

Proposals made

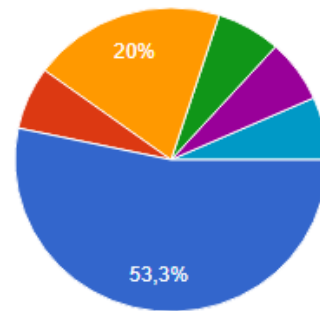


Information provided about necessities and proposals



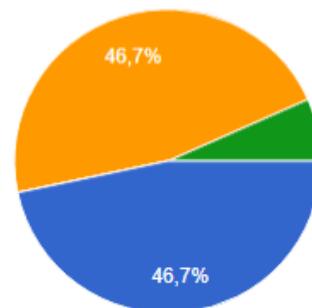
Results: Satisfaction Inquiry

Improvement of community and social reintegration



- Sí
- No
- Tal vez
- El cas és complicat i requereix de intervenció més continuada i inintensiva
- si, quan té un entorn molt estructurat, si no torna a mostrar la mateixa conductiva disruptiva que anteriorment.
- En alguns casos si

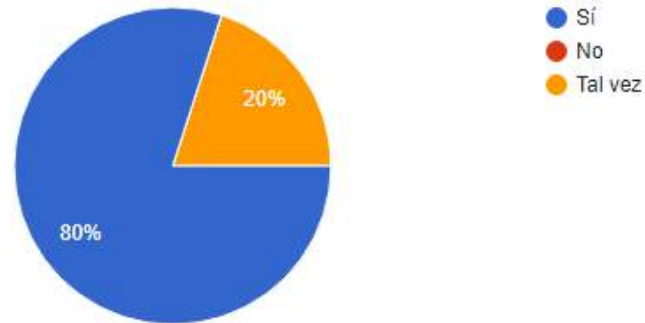
Decrease of judicial recidivism risk



- Sí
- No
- Tal vez
- No tinc dades suficients per fer aquesta avaluació

Results: Satisfaction Inquiry

Improvement in mental health treatment adherence



Would you recommend this intervention to another person/ professional?



Results- Qualitative Assessment Advantages

- Continuity** of treatment
- Flexibility** in care and attention
- Adolescents and families can have a better **support network and emotional support**
- They are assisted during a conflict situation by the UT professionals
- 80%** professionals perceive it as a positive help
- Families evaluation is positive
- Cases without family or residence have a **recourse**
 - Creation of a coordinated network to give the necessary support

Results- Qualitative Assessment

Advantages

- Adolescents that have suffered chronic stress present major problems when establishing links, this explains that the transition to community services can be more complicated and more support is required to establish new links. **A different attachment experience is offered**
- Coordination meetings **have facilitated clinical diagnosis**. Due to the changing symptomatology of this population, a longitudinal vision is usually required
- Patient receives a single integrated message**, this facilitates the **continuity of care** and its fulfillment

Results- Qualitative Assessment

Disadvantages

- If the **therapeutic attachment is not establish**, there is no follow- up and the patient is **LOST**
- A **mínimum time of internment is required** to establish a significant attachment to carry out the programm once the adolescent is in the community.
- Mental Health services with **high healthcare pressure** show more difficulties to establish attachment

Results- Qualitative Assessment

Disadvantages

- The network needs more preparation to handle and receive such complex cases**
 - Based on the coordinations with the adult mental Health services, we discovered:
 - There is a lack of knowledge about the added complexity of these cases: Adolescents of legal age, without a previous attachment to mental Health network, with juvenile justice problems, are cases with a very high level of severity. Network hasn't worked with them previously
- Lack of time because of healthcare pressure
- Coordinating many professional agendas is difficult
- There is a need to **formalize the procedure at the interdepartmental level** to accelerate the management of the cases



Generalitat de Catalunya

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**Thank you very
much!**

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