SPECIAL PAPER

The Nigerian juvenile justice system: from warehouse to uncertain quest for appropriate youth mental health service model – RETRACTED

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Mental health services for youths within the juvenile justice system remain a contemporary global discourse. To bring perspectives from under-resourced regions, we examine the current limitations of some globalised models for mental health services within the juvenile justice system in Nigeria. The important, multi-systemic steps needed to adapt the system for modern mental health promotion and services are highlighted.

Although the currently available data suggest a recent global decline, the total population of youth within the juvenile justice system worldwide is still very high (Penal Reform International, 2015). A systematic review has established high prevalence rates of mental/behavioural disorders among this population of youth (Fazel *et al*, 2008). As a result of this, the need for and approaches to mental health services remains a contentious debate in juvenile justice administration around the globe (Kates *et al*, 2014). A dominant theme of this ongoing discourse is regarding the appropriate model for providing mental health services for youth while in detention (Alcorn, 2014). However, this discourse is largely shaped by the current state of development of the juvenile justice system in the high-income countries as well as by a globalised view of availability and utilization of youth mental health services.

Throughout the world there are differences in the demographic and criminal profiles of juvenile justice populations, as well as differences in the sophistication of the systems put in place to address their needs. Due to cultural/racial differences in the perception and conceptualization of mental/behavioural disorders, differences have also been observed in the use of mental health services among incarcerated youth (Rawal *et al*, 2004). A truly inclusive/globally relevant mental health service model for detained youth cannot be developed if these important, regional differences are ignored.

In this report we examine the peculiarities within the Nigerian youth correctional system as a prototype for sub-Saharan Africa. We further examine how these peculiarities limit the applicability of some of the globalised models currently suggested for mental health services within the juvenile justice system.

The Nigerian juvenile justice system: unique in its own unsettling way

In the 2009 report of the United Nations Committee on the Rights of the Child, the Nigerian juvenile justice system was described as being in a state of 'crisis' (CRC, 2009). This is an ongoing crisis driven by a myriad of operational, resource and capacity challenges within the system. As elaborated elsewhere (Atilola, 2013), a key factor maintaining the crisis is the lack of community-based diversion programs within the system. As such, youth offenders have no alternative to incarceration. It is therefore not unusual for status offenders (such as youth arrested for loitering during school hours or for violating curfew) and minor offenders (such as those arrested for non-aggressive stealing, non-violent property trespassing or for hawking wares on the streets) to be residents of youth correctional institutions in Nigeria (Atilola, 2014; Atilola *et al*, 2017). The majority of these youth are from poor neighbourhoods and have survived a variety of childhood trauma and adversity. In other regions with more developed systems, minor/status offenders are diverted to non-incarcerating community programs.

In addition, despite an estimated youth population of about 50 million, there are only three federally run youth correctional institutions established by statute in Nigeria with the combined capacity of about 600 beds. Expectedly, these institutions are overcrowded, overstretched and unable to accommodate a significant number of youth offenders. As a stopgap, social welfare institutions within the federal states often serve as make-shift youth correctional facilities for young offenders; this is in addition to their primary function as a place of refuge for abused and neglected youth. This situation deepened the crisis in the Nigerian juvenile justice system as offenders and victims had to share the same facility and administrative procedures, leading to grave ethical and human rights concerns. This sort of situation no longer occurs in most high-income countries as the youth correctional and social welfare systems are distinct and separate.

In essence, the Nigerian youth correctional system is peculiar in that, unlike in high-income countries, it has an amalgam of social welfare and youth correctional systems, has a high proportion of status/minor offenders compared with serious offenders and is often overcrowded.

A warehouse for youth mental and behavioural disorder

Several studies have found high prevalence rates of ongoing mental/behavioural disorders among juvenile justice populations in Nigeria, as is the case elsewhere. Compared with a matched sample of non-incarcerated adolescents, Atilola (2012) found higher prevalence rates (23% versus 63%; $P < 0.001$) of ongoing mental/behavioural disorders such as anxiety, depression and disruptive behaviour disorders among incarcerated adolescents in Ibadan, Nigeria. Another recent study documented a prevalence rate of up to 44% for psychiatric morbidity among residents of some youth correctional facilities in Lagos (Atilola *et al*, 2017). Pre-incarceration psychosocial problems such as disrupted families, poverty, homelessness, exposure to traumatic events and other childhood adversity were also common among respondents (Atilola, 2012, 2014; Atilola *et al*, 2017). Interestingly, there are many similarities in the prevalence and nature of psychiatric morbidity and psychosocial problems among the subpopulations of youth, irrespective of whether they were in 'custody' as victims or offenders (Atilola, 2014). Therefore, psychiatric and psychosocial morbidity is a fact of life for youth within this peculiar system, regardless of whether they were admitted as victims or offenders.

Despite the high prevalence of ongoing psychiatric and psychosocial problems among residents of Nigeria's youth correctional systems, deliberate audits found a stark lack of mental health policy, strategy or service (Atilola *et al*, 2017). Most of the youth correctional facilities are also poorly maintained and lack resources for the promotion of mental health (Atilola, 2014; Atilola *et al*, 2017). Young people often experiencing psychosocial and mental health crises are thus remanded in institutions lacking any form of mental healthcare. From a mental health perspective, the current Nigerian juvenile justice system is more like a warehouse where troubled and troubling youth are detained than a supportive, rehabilitative or correctional facility.

The uncertain quest for a contextualized mental health service model

Globally, there is the realisation that youth correctional institutions are not the most auspicious setting for mental health promotion or services (Alcorn, 2014). This has led to a growing adoption of community-based, pre-emptive mental health services as a form of diversion, especially for at-risk youth and those who are status/minor offenders (Alcorn, 2014; Kates *et al*, 2014). This paradigm shift is even more urgent in Nigeria as a large proportion of arrestees are status/minor offenders (Atilola, 2014). A potential facilitator for the diversion model in Nigeria is the pre-existing presence, however nominally, of social welfare structures (such as the Family Support Unit, Human Integration Department, and School Social Service) within the communities in Nigeria (Atilola *et al*, 2017). These are potential platforms on which community-based mental health diversion programs can be built. A limitation of this approach, however, is the foundational absence of diversion philosophy within the Nigerian juvenile justice establishment, having been historically anchored on punitive incarceration (Atilola, 2013). Moreover, there is currently a severe dearth of community-based youth mental health services within the country (Robertson *et al*, 2010) from which such programs can take root.

In the absence of community diversion, an alternative is to set up mental health services within the youth correctional facilities. This can be in the form of an outpost of public mental health institutions or driven by trained staff of the youth correctional system as a task-shifting approach. The former is specialist driven and, as such, standardized. Unfortunately, youth mental health professionals in Nigeria are extremely few and severely overburdened (Robertson *et al*, 2010). Therefore, such a model has major operational limitations and is hardly feasible or scalable. This is even more the case in view of cost considerations and the wide disparities in the regional spread of the otherwise scarce youth mental health services in the country. What is equally concerning is the risk of an increase in non-offending youth with mental/behavioural disorders being inappropriately admitted to youth correctional facilities, because of the perceived availability of specialist mental health services in such institutions.

The task-shifting approach is thought to be the global direction for mental health services in resource-constrained region such as Nigeria (Petersen *et al*, 2012). In the context of youth correctional systems in Nigeria, this entails operational staff (social workers/probation officers) being trained to screen for, identify and deliver psychosocial/psychological intervention for mental/behavioural disorders. This model is pragmatic as it uses resources within the youth correctional system. It is also cheaper and sustainable as the service can be integrated within the normal work schedule of staff. It is feasible in any region of the country where there is a youth facility. Unfortunately, social workers/probation officers in youth correctional facilities in Nigeria are equally overburdened with a current low staff/ward ratio. An ongoing needs assessment showed that only 25 trained social workers/probation officers were working in facilities with a combined capacity of over 300 residents (Atilola *et al*, 2017). Most of these social workers/probation officers lacked any form of prior exposure to or training in psychosocial assessment or intervention that could be built upon. Therefore, the task-shifting approach may equally face potential operational limitations. It remains to be seen how these workers can combine the role of instilling discipline within the facility on one hand with the therapeutic role

needed for effective psychological intervention on the other.

Conclusions and moving forward

There are sociodemographic and operational challenges limiting the ability of the Nigerian juvenile justice system to respond adequately to national needs. This has led to a human rights and mental health crisis in the system. Addressing the crisis will require home-grown, multi-systemic approaches that take into account the strengths and limitations within both the public mental health and juvenile justice systems. As a way forward, some of the already suggested road maps need to be implemented to address some of the limitations within these systems in Nigeria. For instance, there are pre-existing road maps for the establishment of diversion programs and separating victims from offenders in Nigeria (Atilola, 2013). In addition, strategies for incorporating mental health services into broader community healthcare systems (Gureje *et al*, 2015), training of more youth mental health practitioners for the country (Omigbodun & Belfer, 2016) and task-shifting approaches for mental health services in youth correctional settings in Nigeria (Atilola, 2014) have been documented. These are important, essential steps towards the design of context-appropriate mental health services for youth correctional system in Nigeria.

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