

PROJECT FACT FOR MINORS

Fostering Alternative Care for Troubled Minors

JUST/2015/RCHI/AG/PROF/9578

Portugal

1st SGM Meeting
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Universidade Católica Portuguesa

- Was created in 1967

- Is a national university, but structured at regional level: University facilities in 4 Portuguese cities: Lisboa, Porto, Braga, Viseu.

UCP in Numbers

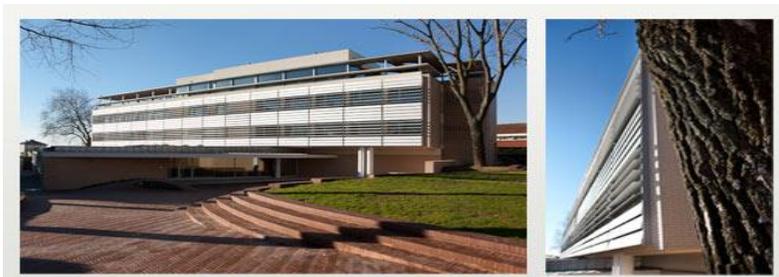
- Undergraduates: **6.234**
- MSc and PhD students: **4.821**
- Teaching staff: **1.250**
- Staff: **549**

Universidade Católica Portuguesa at Porto





- Diversity of educational areas: **Arts, Law, Bioethics, Biotechnology, Psychology, Economics, Health.**
- Two campus
 - ▣ Health, Sciences and Technology



- ▣ Social Sciences, Arts and Humanities

The Faculty of Education and Psychology

□ Education

- ▣ Master and PhD
- ▣ Services to Schools' Improvement (national agreement with the public school system)

□ Psychology

- ▣ Degree and Master in Psychology
- ▣ Community-based education / intervention
- ▣ Main research areas: development and aging; mental health promotion; parental education; juvenile delinquency; gender, migrations and imprisonment; work impact on health.

□ RESEARCH: Centre for Studies in Human Development

GENERAL OVERVIEW



- HEALTH POLICIES
- JUSTICE APPROACH
- CURRENT SITUATION REGARDING TO THE PROJECT TOPICS
- MAIN CONCERNS AND CHALLENGES

MENTAL HEALTH POLICIES- Portugal

National Plan for Mental Health (2007-2016): MAIN CONCERNS AND GOALS

- Improve of mental health care delivering and the promotion of the articulation between health professionals
- More specifically, concerning to children and youth at risk, and in the scope of primary health caregiving, who ensure the providing of care in mental health, was defined the need of groups of support to infant mental health that should articulate with community structures (e.g. Child Protection Committee and Youth at Risk).
- When children are integrated in the justice system or under the state protection they have support in the institutions in order to benefit from interventions to improve their mental health resources, namely to change dysfunctional behavioral patterns.
- It is also that a task force should be developed to define guidelines to answer to problems of children and youth at risk.

JUSTICE APPROACH: Portugal

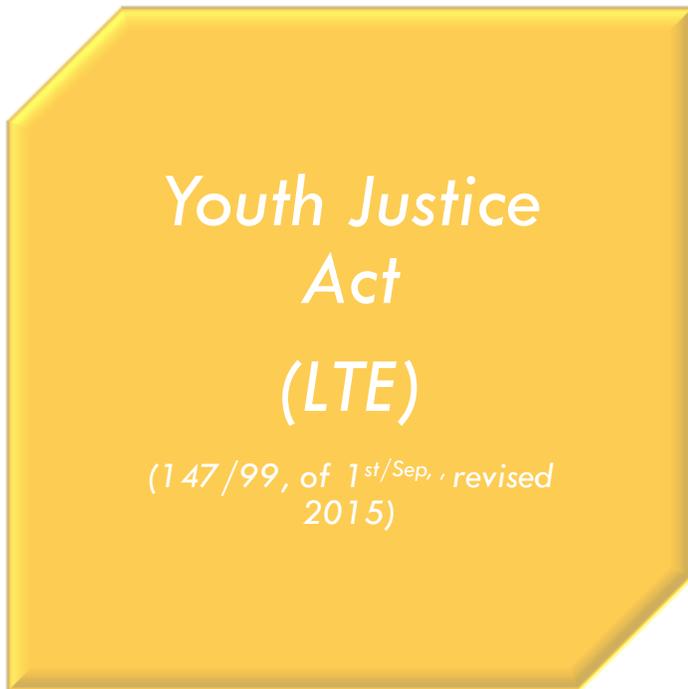
*Youth Justice
Act
(LTE)*

(revised 2015)

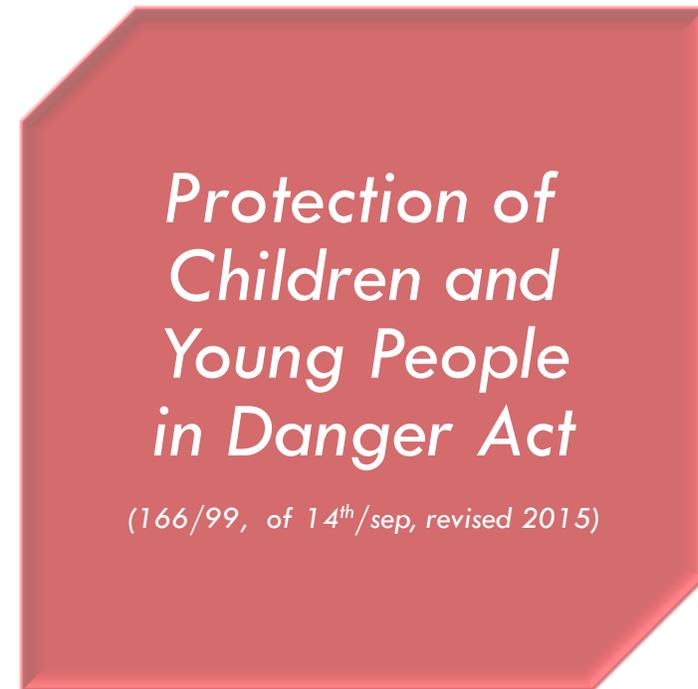
*Protection of
Children and
Young People
in Danger Act*

(Revised 2015)

JUSTICE APPROACH: Portugal



143 in Educative Centres placement (2016)



8600 in foster care placement (2015)

Protection of Children and Young People in Danger Act

- When the child is under 12 years old and has perpetrated an **act legally qualified as crime** is seen more as a “victim” than as an “offender”. Thus, promotion and protection measures apply.
- These measures are aimed at eradicating the danger, at promoting the child’s security, health, wellness, education and full personal development, and also at guaranteeing their full physical and psychological recovery

Protection of Children and Young People in Danger Act: Mental Health Issues

- There is an increase in the identification of mental health problems among children and youth that are placed in alternative care, when compared to the years before – more 38% of subjects that present mental health symptoms, when compared with data from 2014;
- The most frequent mental health problems are behavior problems (3258 subjects - 48%);
- The prevalence of behavior problems in youth aged between 15 - 17 is 51% (1670), in youth aged between 12-14 and 18-20 years is 20% (640 and 636, respectively);
- In the major part of the cases, behavior problems were classified as mild (e.g. lie to avoid obligations);
- 11% (718) of children and youth were diagnosed with intellectual disability;
- 7% (458) of children were diagnosed with other mental health problems;
- 3% (272) were diagnosed with some physical disability;

Protection of Children and Young People in Danger Act

- 6% (425) were diagnosed with some physical problem;
- 11% (737) irregular (sporadic) use of drugs;
- 3% (222) were considered regular drug users;
- 25% (2049) children and youth were having regular treatment with pediatrician/psychiatrist;
- 6% (528) children and youth were having irregular treatment with pediatrician/psychiatrist;
- 24% (2010) children and youth were taking medication;
- 36% (2954) children and youth were having regular psychological treatment;
- 8% (674) children and youth were having irregular psychological treatment;
- Youth aged between 15-17 years are the ones who are having more intervention in what concerns to mental health;
- 15.5% of children and youth were institutionalized due to their risky behaviors.

YOUTH JUSTICE ACT (Law no. 166/99; rev. Law no. 4/2015)

- A **Youth Justice Measure** can be implemented when a child between **12 and 16 years** old has perpetrated an **act legally qualified as crime** and when he/she needs to be educated to **law compliance**;
- The educational guardianship procedure provides several measures aimed at providing a child-friendly environment.
- The dignity and maturity of the child, as well as their physical, intellectual and psychological health must be respected.
- Steps should be taken, as far as possible, to avoid giving the appearance of a judicial intervention

YOUTH JUSTICE ACT (Law no. 166/99; rev. Law no. 4/2015)

- If the child has reached the age of 16, the criminal procedure will be applicable.
- The age of criminal responsibility is **16** years old, but there are special disciplinary measures applicable to children aged over 16 and under 21 who have committed a crime
- The Law on Educational Guardianship expressly guarantees that child offenders aged between 12 and 16 should be informed of their rights.
- As such, they must be also informed on their right to remain silent regarding questions about their character or their personality.
- The Law on Educational Guardianship does not specify how such information should be transmitted to the child.

YOUTH JUSTICE ACT (Law no. 166/99; rev. Law no. 4/2015)

- *Children can also have the legal right to be assisted by a psychiatrist or psychologist whenever they require, for the purpose of evaluating the need for an educational guardianship measure;*
- Placement measures in an educational centre should be used as a last resort, only when other available measures are deemed to be insufficient.
- Each child in a placement center has a “personal educational project”
 - The project must take into account the child’s particular training needs in the fields of civic education, schooling, vocational training and useful occupation of leisure time. The child must participate in the drafting of the project.

YOUTH JUSTICE ACT (Law no. 166/99; rev. Law no. 4/2015)

- Socialization principle, according to which the child keeps all their social rights as long as they are not incompatible with the placement
- The child therefore keeps all their family and social ties to the maximum extent possible, as well as their educational and social activities.
- If possible, they attend schools outside the educational center. Only if the placement regime does not allow it, should they attend school in the educational center itself.
- The child is also entitled to vocational guidance and professional training, inside and outside the educational center
- Each educational center must develop a range of educational activities (educational training, vocational guidance, sports, socio-cultural activities and also health education.

YOUTH JUSTICE MEASURES

Criteria



Age



Youngster's trajectory



Criminal act(s)

Non-Custodial measures

Reprimand	<i>Payment of economic benefits</i>	<i>Obligations imposition</i>
Suspension of driving license	<i>Activities in favour of the community</i>	<i>Formative programs</i>
Victim's reparation (e.g., apologizing, economic compensation, developing of an activity in favour of the victim)	<i>Imposition of conduct rules</i>	<i>Educational monitoring</i>

Custodial measures = placement on educative centre

Open regime	<i>Semi-open regime</i>	<i>Closed regime (≥ 14 years old)</i>
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YOUNG OFFENDERS/CHILDREN AT RISK

- Common pattern: more than 2/3 of children subject to “Educative Measures” in 2015 had a “Child Protection Process” in the past
- More than a half of children placed in Educative Centres have a psychiatric disorder (82/178), take psychiatric medication (under medical prescription) and were having regular (1 appointment each 3 or 6 months) psychological and psychiatric outpatient treatment
- Professionals strongly agree that is very important to improve structures and practices in order to meet the needs of these children

(Annual Report of Educative Centres Monitoring and Evaluating Comission, 2015)

YOUNG OFFENDERS/CHILDREN AT RISK

□ DATA FROM THE EDUCATIVE CENTERS:

- Behavioral Disorders (e.g. violent behaviours, relational difficulties, problems in abiding to norms and rules)
- Substance abuse
- Psychiatric disorders
- Risk factors: family dysfunction/attachment disorders; child abuse and neglect; abandonment; history of truancy and expulsion from school; lack of family support; lack of social support



Children with these characteristics are particularly difficult to address and to treat in a juvenile justice custodial or semi-custodial setting

THERAPEUTIC CARE: How and Where?

- Portugal has **scarce** resources regarding to multidisciplinary and multiagency approach, focused on prevention, evaluation, treatment (including emergency treatment), and recovery;
- 3 Pedopsychiatric Departments are available – Lisboa, Porto and Coimbra - **not specifically targeted** for Minors with penal measures
 - Inpatient and medication
 - Each one with capacity to accommodate in internment 10 youths
 - A new unit is being created in Lisboa, in order to accommodate more 16 children

THERAPEUTIC CARE: How and Where?

- ▣ Therapeutic Communities – mainly targeted to minors at risk with problems related to substance abuse
- ▣ In some cases youths can be placed in units for adults, due to the lack of resources available
- ▣ Psychological support and psychiatric outpatient treatment and medication is provided

PORTUGUESE CURRENT SITUATION: Main Concerns

- Deeper Knowledge, more detailed description about children under the Protection System than about children under Educative System
- Portugal needs specialized, integrative and standardized guidelines for granting adequate mental health assistance to children aged 12-16 with a measure, placed in Educational Centers/Educational centers
- The institutions rely on the local health services for providing psychiatric services and psychological support for children, but the effectiveness of the cooperation with local services is **scarce**

PORTUGUESE CURRENT SITUATION: Main Concerns

- Intervention protocols, roles and responsibilities among the competent agencies and professionals in regards to these “special” cases are rarely well defined and this may cause uncertainty about who should be responsible for what;
- Juvenile justice professionals are faced with dilemmas for which there is no clear course of action:
 - ▣ A diagnosis of mental health problem is also challenging as is very difficult to know whether the disorder is caused by the previous risk situations (e.g. family dysfunction) or by the placement itself, or both.
 - ▣ Making a diagnosis of psychiatric and behavioral problems in adolescence can be complex, even for experts in mental health.
 - ▣ The human psychology is still developing during adolescence, and mood and behavior can fluctuate widely at this age.

PORTUGUESE CURRENT SITUATION: Main Concerns

- A diagnosis of a major psychiatric problem is complicated by the so-called dual diagnosis issue: the condition of suffering from a mental illness and a comorbid substance abuse problem
- Inadequate therapeutic response may lead to chronic psychiatric disorders
- Critical need for improve mental health services for justice involving children
- The absence of specific structures to intervene with children with mental health conditions is a **recognized weakness** in Portugal

PORTUGUESE CURRENT SITUATION: Challenges

- Difficulty to involve different professionals from different areas in the discussion about the project topics
- Fragile Economic Situation to implement professionals trainship, as well as better conditions to children in alternative care
- Lack of data/knowledge regarding to the criteria applied to diagnose mental health problems