

Letter to the Editorial Office.
Institutional Isolation and the Mental Health
of Minors in Resocialization Facilities

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Dear Editors,

there is no doubt that it is necessary to provide all children and adolescents with proper psychiatric, psychotherapeutic and psychological care. The demand for such assistance has intensified over the past three years, which is linked to the effects of the COVID-19 pandemic. The enforced isolation significantly reduced the quality of life and health of children, adolescents and their parents. Social distancing, restrictions on relationships, phases of complete or partial home education, as well as online learning, limited the ability of children and adolescents to engage in social interactions and physical activity. Peer interactions, which are an important aspect of development, were hindered. As a result of these events, a public debate emerged on the need for urgent changes in the mental health care of minors to address the challenges related to the negative effects of the pandemic.

I would also like to add my voice to this discussion – the voice of a person who has been studying the effects of isolation on children and adolescents in resocialization facilities for several decades. To thoroughly understand this phenomenon, I conducted scientific research (funded, among others, by the National Science Centre) and based on the published results, I proposed therapeutic forms and developed educational methods. I hope that in the discussion about the need to support the mental health of minors, the issue of the effects of institutional isolation on adolescents in resocialization facilities, such as youth correctional centers (MOW), will finally be addressed. The consequences of staying in such centers are by no means lesser than those caused by the pandemic. In fact, I believe they are greater, even because under Polish legal regulations, isolation can last up to eight years.

Not everyone is aware that children and adolescents (aged 10–18) at risk of social maladjustment are placed in Youth Correctional Centers (in Polish – MOW) by decision of the family court, based on legal regulations [1, 2]. These individuals require special organization of education, work methods, upbringing, and resocialization, meaning they fall into the category of students with special educational needs. Most often, they are placed there due to failing to meet their school obligations and/or lack of educational progress. Other reasons include theft, addictions, etc. MOW residents typically carry significant burdens (usually being raised in dysfunctional families; participating in court hearings and being ordered by the court to attend MOW; living in a residential institution; functioning within an imposed peer community; and being forcibly separated from family and friends), which leads them to experience crises on biological, emotional and social levels. Additionally, their entire adolescence unfolds in separation from society. All of this creates conditions for further emotional and social deficits to arise.

Generally speaking, the largest population in Youth Correctional Centers (MOW) consists of adolescents for whom there are justified concerns that they will not complete the elementary level of education, which is mandatory in the Polish educational system. The earlier teenagers are placed in MOW, the greater the chance they will finish primary school (though this also means they are subjected to isolation for a longer period). Therefore, the main goal is to reduce situations where, for example, the family court sends a sixteen-year-old who, due to parental and environmental neglect, has only completed four grades of primary school, to a facility such as MOW. In such cases, the maximum stay in the facility is two years, as there is no legal basis to keep the resident in the institution after reaching adulthood. It is very rare for an eighteen-year-old to express a desire to remain in MOW and continue their education. As such, these circumstances eliminate the possibility of completing the elementary level of education. The legislator's intention is thus to prevent such situations from occurring.

Staying in the center makes it impossible to discontinue education, as there is a primary school and usually a vocational school with a dormitory on the premises, and the residents are constantly under the supervision of teachers and educators. However, institutional isolation poses a threat to the mental health of adolescents, as evidenced by available research results [3–8]. Analyses also indicate the risk of a multiplied increase in mental disorders, including major depression and worsening behavioral disorders compared to adolescents in the general population [9]. Moreover, they experience loneliness [10], which reduces well-being [8] and has educational consequences, as it negatively impacts school attachment, motivation to learn and academic achievement [11].

Despite such data, the chances of carrying out a reform of the juvenile resocialization system, aimed at deinstitutionalization in line with the social policy framework set by the EU, are rather small. I also have no illusions that family courts will begin to refrain from placing youth in isolation facilities, even though they have a fairly wide range of other educational measures at their disposal (such as appointing supervision by a probation officer or youth/social organization, referral to a probation center, changing the current living environment by placing the minor in a professional foster family,

etc.), as nothing has changed in this regard for years. Placing a teenager in a Youth Correctional Center (MOW) remains the most commonly imposed educational measure by the courts. In my opinion, the legal community is not adequately receiving the message that institutional isolation of youth is a strong correlate of criminality [12–15].

I trust that after reforming the psychiatric care system, the documentation will include appropriate provisions that clearly indicate the privileged position of youth undergoing institutional upbringing in terms of access to a psychiatrist and psychotherapist. Introducing and respecting such a provision would be a clear response to the lack of other proposed solutions. We can collectively care for the mental health of children and adolescents subjected to institutional upbringing – as much as possible within the current organizational and legal system. It is important to remember that the lack of adequate support for minors may have social consequences, such as increased costs of social welfare or, in extreme cases, expenses related to the maintenance of convicted individuals.

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