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Assessment and Treatment Programs for addressing the Mental Health Needs of Justice Involved Children in Nairobi County, Kenya

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Abstract

Mental health screening, assessment and subsequent treatment is increasingly becoming necessary and fundamental in juvenile justice settings. Recent systematic reviews have reported an increase in the population of children with mental disorders (Beandry et al., 2021). Conversely, many children pass through the justice system without being assessed and end up being subjected to treatment interventions that do not match their mental health needs (Snehil & Sagar, 2020). The aim of this study was to explore the landscape of assessment and treatment of justice involved children with a focus on available tools and procedures for screening and assessment and to find out if there existed any evidence-based programs for addressing the mental health needs of children. This was a mixed methods study involving 193 child justice practitioners in Nairobi County sampled from courts, police, prosecution probation, prisons and children services. The study found that only one risk/need assessment tool (YLS/CMI) was being used by probation and children services and only with children committed to statutory institutions. Counseling and some forms of cognitive behavioral therapy were the only mental health interventions. Respondents cited various barriers to assessment and treatment and these included; lack of training, feeling incompetent, language barriers, high caseloads, non-prioritization of child clients, and limited resources. The findings of this study can be used by all agencies and child justice policy making bodies to streamline assessment and treatment so as to ensure access to justice and mental health service for children.

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Introduction

Since the promulgation of the constitution in 2010, there has been a sustained discourse within the children's sector on the need to institute reforms in child justice in line with chapter 53 of the constitution of Kenya. These developments have helped steer justice agencies away from the past punitive approaches to rehabilitation of children in conflict with the law to rights and welfare-based models (Hay et al., 2018).

Screening and assessment of young offenders is one of the issues gaining acceptance within the justice sector especially because the incidence of serious and violent crimes by children and young people continues to be in the rise (Office of Juvenile Delinquency Prevention OJJDP, 2021). Good practice requires that young offenders are screened for mental health problems. However, in many jurisdictions, screening remains a challenge due to limited training and lack of protocols to guide the process (Hovey, 2017). Assessment is critical as it assists justice professionals make accurate projections about an offender's likelihood of changing and /or re-offending (Onifade et al., 2019). Through assessment, child justice providers are able to identify appropriate treatment interventions to correct, change, or ameliorate young offenders' mental health problems (American Psychiatric Association (APA), 2013).

Despite the push for reforms in treatment and rehabilitation, justice involved youth with mental health problems remain an underserved population as the system is still adversarial and slow in shifting focus from law enforcement to treatment (Underwood & Washington, 2017). In Kenya, there is paucity of research on mental health screening, assessment and treatment for justice involved children. However, recent task forces on juvenile justice and mental health have decried the services provided by various child justice agencies especially the lack of effective responsive systems to the mental health needs of children who come into contact with the system (Ministry of health (MOH), 2020; National Council for the Administration of Justice (NCAJ), 2019). The aim of the study was to explore the landscape of assessment and treatment of justice involved children.

Methods and Procedures

Permission to conduct the study was obtained from the National Commission for Science, Technology and innovation (NACOSTI). The researcher visited each of the agencies and sought authority from the heads of the agencies. Some respondents filled the survey online while hard copies were administered on those found on duty. The informed consent form was attached to each survey tool. The tool contained 20 questions including demographic information and those related to assessment and treatment programs. Piloting of the survey tool was carried out in Prisons, Probation, Police and Children services. The piloting was useful in pretesting the questions and making revisions where appropriate.

A mixed methods approach was adopted so as to enhance the understanding of assessment and treatment programs and the barriers to their implementation. Probability and non-probability sampling methods were used to select the sample. Specifically, stratified random and purposive sampling methods served to sample justice professionals. In using stratified sampling, the researcher categorizes each population into groups and then selects respondents from these groups. The purpose was to ensure that selected respondents accurately portrayed the parameters of population under observation (Zaman, 2021). This sampling method was appropriate for this study as the population consisted of six different sub groups of child justice agencies drawn from six mainstream agencies in Nairobi County namely; Magistrates, Police officers, Prosecutors, Probation, Children and Prison officers.

Moreover, each of these agencies provide different services to children hence gathering data from each agency would ensure a greater degree of representativeness and accuracy and make it possible to generalize findings. A sampling frame was constructed, and purposive sampling carried out to select stations where the respondents were derived. At the stations, simple random sampling was used to select specific respondents. Of the 230 survey tools sent out, 225 were returned. Out of these 225, some had only the sociodemographic information filled in where others were blank as the respondents decline participation. Therefore,193 questionnaires were found suitable for analysis.

Data Analysis

The data was analysed using SPSS version 29. Qualitative data was transcribed, coded and organised into categories as guided by the research aim and questions. Quantitative data was computed to present descriptive analysis of the study variables. Triangulation was applied so as to present both statical information and support the figures with qualitative data.

Results

There were 193 justice professionals drawn from all the six agencies. The demographic characteristics are explained in table 1.

Table 1: Demographic Characteristics of Child Justice Professionals

Demographic	*n*	*%*
Sex		
Males	61	31.6
Females	132	68.4
Agency of respondent		
Judiciary	5	2.6
National Police Service	66	34.2
Probation and Aftercare Service	35	18.1
Directorate of children services	16	8.3
Kenya Prisons Service	64	33.2
Directorate of public prosecution	7	3.6
Total	193	100

As shown in table 1, of the total number of respondents, females formed the majority (68.4%), while males were 31.6%. National Police Service had the majority number of respondents (34.2%) followed by Kenya Prisons Service (34.2%), Probation and Aftercare service (18.1%), Directorate of Children Services (8.3%), Directorate of Public Prosecution

(3.6%) and Judiciary with (2.6%). The respondents worked in field stations, providing direct services to children, while others were based at Nairobi County offices or the national headquarters hence primarily involved in coordinating national programs and making policy decisions. The respondents' education level was deemed important in this study. Table 2 displays a distribution of education level.

Table 2: Child Justice Professionals' Education Level

Education Level	*n*	*%*
Certificate	40	20.7
Diploma	45	23.3
Undergraduate degree	74	38.3
Masters	27	14.0
Post graduate Diploma	7	3.6
Total	193	100.0

Respondents with bachelor's degrees formed the majority (38.3%). Diploma holders were 23.3% and closely followed by certificate level respondents who comprised 20.7%. Those with master's degrees were14% and the least was post graduate diploma respondents at 3.6%.

The study sought to find out if there are any standardised assessment tools used by the agencies. In table 3, the distribution of responses as provided by each agency is presented.

Table 3: Use of Standardized Assessment tools

Agency use of standardized assessment tools					
Agency of Respondent	Yes	No	I don't know	Total	*x2*
National Police service	22	32	12	66	
	11.4%	16.6 %	6.2%	34.2%	*p*<0.01
Judiciary	1	2	2	5	
	0.5%	1.0%	1.0%	2.6%	
Probation & Aftercare Service	15	15	5	35	
	7.8%	7.8%	2.6%	18.1%	
Directorate of Children Services	11	4	1	16	
	5.7%	2.1%	0.5%	8.3%	
Kenya Prisons Service	40	5	19	64	
	20.7%	2.6%	9.8%	33.2%	
Directorate of Public Prosecution	3	2	2	7	
	1.6%	1.0%	1.0%	3.6%	
	92	60	41	193	
	47.7%	31.1 %	21.2%	100.0%	

Table 3 indicates that police, probation, children and prison officers used some form of assessment. A minimal number of magistrates (0.5%) and prosecutors (1%) responded in the affirmative. Probation officers were split in the middle in their responses as 15% reported the use of assessment tools while another 15 % did not**.** Chi-square computation yielded a p<0.01 signifying a relationship between the agencies and use of standardized assessment tools.

When asked to state the reasons for non-utilization of assessment tools, respondents gave a variety of factors. One participant explained "We have not been provided with any tool or inventory. We only see some of these tools when we attend workshops and seminars, but we don't have them in our offices". A good number of respondents cited the lack of training as a contributing factor to limited use of assessment. One respondent clarified this by stating that "There are no permanently employed psychologists and counsellors in our institutions who can consistently conduct assessments. We heavily rely on volunteers and partners".

Another reason given was limited commitment by policy makers in the agencies to invest in purchase of assessment tools. To substantiate this view, a probation officer explained, "Assessment has never been factored as a serious issue. So, the tools out there are yet to be brought down to the field". According to some respondents, the failure to use assessment

with children was because some agencies concentrated more on assessment of adult clients and not children. In their view, adult offenders were "taken more seriously than children and "The tools available are only for adults".

Despite these challenges some justice professionals like probation and children officers used youth level of service case management inventory (YLS/CMI) but only for children committed to statutory institutions. Children officers also reported that they also use case management guidelines while police and prison officers used general guidelines and standard operating procedures. Overall, most of the tools used by most agencies were in the form of guidelines and data collections forms. There was no mention of psychometric screening or assessment tests for gauging the mental health needs of children.

With regard to availability of treatment programs, the respondents had mixed responses as presented in table 4.

Table 4: Availability of Treatment Programs n=193

	Availability of treatment programs			
Agency of respondent	Yes	No	I don't know	*x2*
National Police Service	22(11.4%)	37(19.2%)	7(3.6%)	*p*=0.01
Judiciary	2 (1.0%)	2 (1.0%)	1 (0.5%)	
Probation & Aftercare Service	11(5.7%)	21 (10.9%)	3 (1.6%)	
Directorate of Children Services	11 (5.7%)	4 (2.1%)	1(0.5%)	
Kenya Prisons Service	52 (26.9%)	4 (2.1%)	8 (4.1%)	
	5 (2.6%)	0 (0.0%)	2 (1.0%)	
	103 (53.4%)	68 (35.2%)	22 (11.4%)	

Of those who responded to the question related to availability of mental health treatment programs, 53.4% held that they did have programs while another 35.2% explained that they do not have the programs. A fairly good percentage (11.4%) reported that they were not aware if their agencies had such programs. The Pearson's Chi-Square statistic found a significant relationship between the agency of the respondent and availability of treatment programs. Those who reported availability of programs mentioned spiritual guidance, counselling, relapse prevention for drug use, life skills training, family therapy, family group decision making, play therapy, art therapy, cognitive behavioural therapies, positive parenting, mentorship and good lives model.

The 35.2% of respondents who reported that their agencies did not have treatment programs gave various reasons for their response. One overriding theme was that mental health issues are not prioritised in the child justice sector as described by respondent R-23:

> I have never seen any programs that address mental health. There is lack of recognition by the agencies that children have unique special needs. Most of these children are ignored. Their mental health is not a primary concern. Also, there lacks guidelines for use by agencies on rehabilitation and treatment of children. (Respondent R-23).

Others noted that the available programs are generic and applied across all children as opposed to individual treatment. Still some respondents were of the view that the over-reliance on external partners prevents agencies from improving their own programs. The lack of professional counsellors and counselling rooms in most of the agencies was also linked to failure to implement programs.

Another reason given for non-availability of programs was the absence of standard procedures on rehabilitation and treatment of children. A respondent explained this further by stating: "We do not have guidelines on how to handle mental health issues. Individual officers use their experience and training.

Participants were asked to explain who within their agencies is responsible for the implementation of mental health related programs. The findings are displayed in table 5.

Table 5: Provision of Mental Health Services for children handled by each Agency

		Interns	Psychologists from partner organizations	Volunteers	Agency has employed counsellors	I provide service part of my work	All cases referred out	Total
		Frequency & Percentage						
Agency	National Police Service	2 (1.0%)	14 (7.3%)	9 (4.7%)	8 (4.1%)	16 (8.3%)	15 (7.8%)	66 (34.2%)
	Judiciary	3 (1.6%)	1 (0.5%)	2 (1.0%)	0 (0.0%)	0 (0.0%)	2 (1.0%)	5 (2.6%)
	Probation & Aftercare Service	1 (0.5%)	4 (2.1%)	0 (0.0%)	4 (2.1%)	23 (11.9%)	3 (1.6%)	35 (18.1%)
	Directorate of Children Services	4 (2.1%)	3 (1.6%)	0 (0.0%)	1 (0.5%)	10 (5.2%)	1(0.5%)	16 (8.3%)
	Kenya Prisons Service	4 (2.1%)	9 (4.7%)	18 (9.3%)	22 (11.4%)	5 (2.6%)	4 (2.1%)	64 (33.2%)
	Directorate of Public Prosecution	1 (0.5%)	2 (1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	4 (2.1%)	7 (3.6%)
Total		13 (6.7%)	33 (17.1%)	29 (15%)	35 (18.1%)	54 (28.%)	29 (15)%	193 (100.0%)

As shown in table 5, practitioners who reported that they are the ones providing treatment programs were (29.5). Another 18.1% reported that their agencies have employed counsellors and psychologists for this specific purpose. The remaining percentage (52.1) rely on volunteers, interns, partner organizations and referring children to other mental health professionals. A further analysis of individual agency revealed that courts and prosecution do not provide direct treatment but refer out all cases to other mental health service providers. For National police services 24.9% indicated that they use the services of interns, volunteers, partner organizations, while 8.3% provide treatment as part of their work. Data from respondents working with Probation & Aftercare service revealed that majority (11.9%)

of the officers are direct implement treatment programs, although 8.3% rely on providers from outside the agency. Directorate of children services had 5.2% of officers as programs implementers and 4.7% who refer child clients to interns, volunteers and partner organizations. Compared to their counterparts, Kenya prisons service had the highest number of internally employed mental health service providers (11.4%) and another 9.3% reporting that the counselling is provided by volunteers.

Training on mental health related issues is important. The findings on child justice practitioners' training on mental health issues is presented in table 6;

Table 6: Training on Mental Health

Training on mental health	*f*	*%*	
	Yes	70	36.3
	No	123	63.7
	Total	193	100.0

As described in table 6, respondents not trained (63.7%) were more than those who had been in some form of training (36.7%). The lack of training of officers in mental health prevented most agencies from implementing mental health related programs as one participant from probation services said, "We lack the technical expertise to handle mental health needs of children". A police officer based in a child protection unit explained that "Police officers are not trained in mental health. We refer all cases to stakeholders and children officers".

Another respondent explained how lack of training affects their ability to deliver services: "Lack of know-how and special training in this area makes me unable to identify the child with mental illness which renders me helpless in addressing those needs". It also interfered with their care and protection role as respondent R-47 put it:

> Some staff who are not trained wait until the child has had a session with a counsellor then they take the child aside to ask them what they were sharing with the counsellor. Sometimes this makes children feel discouraged and demoralised. (Respondent R-47).

The respondents gave their views on the effectiveness of these programs. Table 7 shows their rating.

Table 7: Respondents' Rating of Effectiveness of Treatment Programs

Program effectiveness	*n*	*%*
Effective	72	37.3
Not sure	44	22.8
Somewhat effective	39	20.2
Total	193	100.0

Across the agencies, respondents who appraised the programs as effective were 37.3%. There was a good number who were not sure if the programs were effective or not (22.8%). Those who rated programs as somewhat effective were 20.2% of the sampled respondents. Those who found them very effective made up 19.7%.

Barriers to mental health screening, assessment and treatment of justice involved children

Participants further cited other challenges related to their role as law enforcement personnel. Majority noted that children fear them because of their position of authority. This was a barrier to rapport building and meaningful interactions as most children did not open up to them. When children were not able to share their issue, then the officer would be unable to understand what the child was going through. One respondent put it succinctly: "Some children refuse to open up due to fear especially when we interact with them in uniform, yet I am expected to be in uniform when on duty". Another participant explained that child victims or witnesses in a court case are afraid of giving their testimony and therefore they failed to open up".

According to the respondents, inadequate resources were a hindrance to provision of effective services. The specific resources lacking were counselling rooms, child protection units, equipment's and materials for working with children, safe places for accommodation of child witnesses, transportation and stationery.

Another barrier mentioned was inadequate time to serve children. The respondents acknowledged that they spent a minimal amount of time on each case of a child. A respondent explained: "This is because of the many roles that we play and the heavy workload." Others explained that the dual roles make them interact in non-empathic ways with children and also show little patience. In explaining the link between time and helping children effectively, a respondent stated, "Addressing the psychological and mental health needs of children requires a lot of time. With other pending duties, one is not able to give the support needed notwithstanding that I do not have the necessary skills".

Language was identified as a barrier to communicating with children in the system. Some respondents explained that they lacked the skills to 'communicate with very young children' and that some children only spoke their mother tongue. The participants explained they handled children with special needs yet were not trained in specific skills such as sign language. Respondents explained that uncoordinated multi agency working and poor coordination was preventing most children from receiving efficient services. According to the

participants, there was minimal cooperation and inter-agency support. A respondent quantified this: "There is lack of unity of purpose among departments that deal with children."

Agency procedures and practice towards children was another difficulty experienced throughout the system. Some respondents felt that it was not within the mandate of their agencies to stated that to provide mental health services". Other respondents reported that some agencies detained children in the same facility/room with adults, and that some officers used abusive language in the presence of children or on the children. Another respondent stated that in institutions where mothers were detained with their children, sometimes the mothers are punished when the children are watching, and this traumatised the children even more.

Absence of specialised officers trained and equipped with skills to handle children's matters was highlighted by many of the respondents. In their view, the current practice where any employee including non-professionals are allocated the case of a child with a mental disorder was detrimental to the welfare of the child.

Discussion of Results

The study found that mental health assessment of children is not mainstreamed and standardized. Additionally, none of the agencies use any standardized screening or assessment tools to identify psychological needs of children. The lack of screening and its impact on children is well documented. Holland and Smirnov (2023) argued that these children interact with professionals who are unaware of the child's underlying issues and this denies the child to access treatment. There was absence of evidence-based treatment programs especially in the three main agencies responsible for rehabilitation (Children services, probation and prison service). This may have adverse effects on the degree of change by the young person as metanalytic studies have shown that increase in recidivism is related to the lack of effective programs (Papas, 2023; Daftrary-Kapur et al., 2022).

There were indications of use of psychological treatments by officers serving in other agencies except courts and prosecution. The study found a common trend of over reliance on referral to volunteers, student interns and private organizations for provision of mental health services. The agencies responsible for treatment and rehabilitation (Probation and Aftercare Service, Directorate of children services, Kenya Prisons Service) did not have specific programs targeting mental health problems. Most programs in the rehabilitation institutions were vocational training and skills empowerment courses.

Limited competence of professionals in providing mental health treatment and rehabilitation of juvenile offenders was a highlight of the study. Reasons provided included lack of training in this area, related, specialization, interest, and high case-loads. Studies in other countries have found similar findings. In Sweden, Ahonen and Degner found that 70% of justice professionals lacked training in program implementation thus most of them did not feel competent.

Conclusion

The study established that the Kenyan child justice system has limited capacity to detect and deal with the mental health needs of justice involved children. The lack of capacity led to failure to distinguish between psychological disturbance and discipline issues. It emerged that there was ignorance in all agencies as to how screening and assessment can assist agencies to identify the most appropriate interventions. Evidence based treatment programs

to address mental health were non- existent as the system focused more on formal education and vocational training. There were no protocols for child centered forensic interviewing by police, and prosecution. The findings of this study can be used by the child justice system in Kenya to improve rehabilitation and treatment of children. One possible way would be by developing joint protocols that will standardize screening and assessment of children entering the justice system. Training of child justice workforce on mental health needs of children will enhance the capability of the system to respond effectively to the mental health needs of children. Child justice policy making bodies need to invest resources in evidence-based treatment and continuing research.

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