



# Juvenile Justice System In India And Mental Health Needs Of Children In Conflict With Law

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## ABSTRACT

In today's rapidly advancing world, we need to expand our knowledge of juveniles by better understanding the whereabouts of the kids who are in legal trouble. During the 1990s, we saw more adolescents exchanged to criminal courts, longer sentences at lower ages at which adolescents may be prosecuted within the criminal equity framework than adults. Several temporarily connected developments express grave fears about their potential linkage and subsequent influence on the characteristics of today's kids who run afoul of the law. The primary motives of this study are to offer a summary of the literature on the prevalence and mental health needs of juveniles in the system of juvenile justice to increase understanding of the psychological, rehabilitation, and sociocultural factors.

**Keywords:** criminal, equity, prosecute, adolescent, prevalence

## Introduction

The psychological wellness status of juveniles and the Juvenile Justice System (JJS) involved are related. There are more youngsters in need of assistance and protection, in addition to kids that are in legal trouble more likely to be inclined toward mental health and substance-related issues. As a result, youths who have problems with substance addiction or mental health are more inclined to get involved with the juvenile justice system. The Juvenile Justice (Care and Protection of Children) Act of 2015 highlights the well-being of kids who interact with the Juvenile Justice System (JJS), including their psychological well-being as well as their recovery and reintroduction into society.

Children, given the prospects for any community as well as susceptible segments of that society, need laws that prioritize their well-being and that of society. Many child-centric laws exist in India, including the Child Adolescent Labour (Protection and Registration) Act of 1986, the Juvenile Justice (Care and Protection of Children) Act of 2000, the Prohibition of Child Marriage Act of 2006, the Right of Children to Free and Compulsory Education Act of 2009, and the Protection of Children from Sexual Offences Act of 2012. Among these measures, the JJ Act addresses children who are at variance with laws and children who require care and protection.

According to studies, as many as 70% of adolescents at various juvenile justice sites of interaction have treatable mental health disorders. Externalizing disorders (ADHD), substance abuse disorders, and internalizing illnesses like anxiety and mood are the most frequent. Externalizing illnesses raises the possibility of youth delinquency, violence, and recidivism, but early detection and treatment lead to a reduced delinquency rate and more powerful social integrity.

This paper aims to emphasize the essential portions of the Juvenile Justice (Care and Protection of Children) Act that deal with children's mental wellness and the potential function that mental health professionals can play, access to the problems and opportunities involved.

## Review of the literature:

According to Narayan, C. L., Shikha, D., and Narayan, M. (2014), there existed a strong legal framework in ancient India; the nation's legal system in place today is primarily based on English Common Law, a body of

law derived from documented judicial precedents. This is in contrast to the British structure. The safeguarding of society and the correctional elements of mentally ill individuals were the primary goals of previous mental health laws. Determining competence, decreasing accountability, and/or societal benefits are further issues covered by Indian law. Indian laws also address issues of diminished accountability, ability, and/or societal welfare. Following the UN Convention on the Rights of Persons with Disabilities (UNCRPD) in 2006, the idea of disabilities—including mental illness-related disabilities—was transformed from one of social welfare to one of human rights. The belief that one is legally capable, equality and humanity constitutes the foundation of the new paradigm. All of the disability legislation has to be revised in arranged to comply with the UNCRPD after India ratified the agreement in 2008. As a result, draft laws have been created, and the Mental Health Act of 1987 and the Persons with Disabilities Act of 1995 are currently being revised. While doctors support keeping rules for compulsory hospitalization under specific circumstances, human rights advocacy organisation groups are pushing for absolute guarantees of legal ability for those with mental disorders.

According to Snehil, G., and Sagar, R. (2020), the mental wholesomeness of the young people participating in the system of juvenile justice (JJS) is closely linked to the JJS. Children in need of care and protection (CINCP) as well as children in conflict with the law (CICL) both have a greater prevalence of emotional wellness and drug use-related issues, and teens with mood challenges are more prone to interact with JJS. Considering its most recent revision (2015), the Juvenile Justice Act, 2000 (JJ Act) places a strong emphasis on the growth-oriented wellness of adolescents who interact with JJS, covering their mental health and rejoining society and rehabilitation. To achieve this objective, mental health professionals (MHPs) may contribute significantly on all fronts: promoting positive mental health, preventing minors from JJS, interacting with adolescents who have been exposed to JJS, and post-exposure rehabilitation. The MHPs would also gain from processing expertise in this field from a medical and judicial standpoint. Despite being a child-friendly statute, the JJ Act faces numerous practical obstacles in its real-world application, which consequently restricts or undermines the juveniles' full access to legal, social, academic, and healthcare services. Speaking of the JJ Act (the Care and Protection of Children Act, 2015), the current perspective aims to point out the significant mental health components of juveniles connected with JJS and the possible role that MHPs can play. It also examines significant problems and the path forward.

According to Preeti Jacob, Tejas Golhar, Shekhar Seshadri, Raghu Nandan Mani, and Kalpana Purushothaman (2014), the system of juvenile justice and the kid's liberties activity in India are fairly recent developments. It seeks to provide a broad summary of India's juvenile justice system, additionally an examination of the obstacles it faces and the latest steps being taken to overcome them. 1) The internet pages of significant Indian government agencies, like the Ministry of W&CD Department (MoWCD), the National Commission for Protection of Child Rights (NCPCR), and the National Crime Records Bureau (NCRB), were consulted for data; 2) The authors' personal knowledge in this field and their association with the Centre for Child and Law (CCL), National Law School of India University (NLSIU), Bangalore, were also considered. The Indian government has implemented a lot of programs that have affected the mental health of minors who interact with the legal system in some manner and is going to keep doing so. The main legislative foundation for India's system of juvenile justice is the Juvenile Justice (Care and Protection of Children) Act of 2000 (amended in 2011), which was passed by Parliament. The Combined Child Protection Scheme (ICPS) is a government-sponsored program that aims to create an environment of safety for kids who are at risk and those in tough circumstances by partnering with civil society and the government. It is an additional significant endeavor. Studies and information on the forms and incidence of mental problems among youngsters involved in legal trouble are scarce. Nevertheless, there are notable discrepancies between the real and policy atmosphere for youth who break the law. By enacting revolutionary laws, such as the Juvenile Justice Act of 2011, India has obtained an encouraging start. The area of psychological care may benefit from the achievements of India and give this vulnerable but challenging group alternatives for a better future. In phrases of juvenile justice, India boasts a history of having relatively progressive laws and regulations, and ongoing attempts are being made to solve shortcomings and lingering issues.

According to Konar, D. (2005), the Act of Juvenile Justice 2000 AD gave juvenile justice a certain way. People who handle teens ought to make themselves aware of this Act. To determine whether the rules are being correctly executed, one must be aware of them. The only way to understand the issues with it is to watch it in action. Once you understand the issues, you can recommend changes to the Act. Organizations are nonetheless required to assistance for underprivileged children or those who have legal issues, even in cases where the law provides sufficient rules. It is necessary to establish monitoring agencies with legal authority to verify that court orders are successfully followed and to penalize those who disobey them. All experts, workers, and staff who deal with children must possess the necessary skills, information, and judgment to ensure effective child protection and rehabilitation.

#### **The objectives of the study include:**

- To better inform the public about the psychological, rehabilitative, and sociocultural elements that impact delinquent behaviour and the link between delinquent behaviour and behavioural health concerns by looking at the requirements for mental wellness and prevalence of juvenile offenders inside the juvenile court system.

- To determine the causes of kids who run afoul of the law.

The rationale behind the study states that Youth delinquency is a part of the most imperative issues facing the country right now.

To increase awareness about the psychological, rehabilitation, and sociocultural determinants of delinquent behaviour and the relationship between delinquent behaviour and mental health issues, as well as factors responsible for youngsters who are in legal trouble, the analysis attempts to help an exposition of the literature on the prevalence and requirements for mental health in the system of juvenile justice.

The factors that Contribute to Juvenile Delinquency highlight the seriousness and severity of juvenile illegal activities are largely affected by the country's social, economic, and cultural factors. The origin of such behaviours, like all other crimes, includes expansive psychological, societal, and economic elements. Clinical studies have demonstrated that emotional and mental maladjustments resulting from disorganized family difficulties are a common root of such behaviours. The sources of delinquent behaviours in adolescents can be seen at all stages of society, consisting of society itself, social institutions, social groups and organizations, and interpersonal relationships. The factors related to juvenile delinquency and criminal activity are very similar across nations. According to a worldwide study, family disadvantage can cause educational disadvantage, which contributes to underachievement, economic marginalization, and social, educational, and mental stress. A juvenile delinquent is the result of an unhealthy environment conducive to the delinquent's facilities in accordance with social expectations. Such behaviour is common in social circumstances when recognized norms of behaviour have broken down and legislation that forbids people from engaging in socially unacceptable activities has become irrelevant for particular members of society. As a result, they rebel and engage in criminal activity as a reaction to the traumatizing and harmful changes in their environments.

Social variables may also have an impact on a child's decision to engage in delinquent activity. These influences include the child's interaction with others during a specific age, such as neglect, favoritism, bullying, or cruelty from parents, school teachers, or peers. This led to inferiority complexes, fear of opening up, anxiety, and embarrassment at school, at home, or among friends. Delinquent behaviours can be connected to a deficiency in education or low academic achievement. The current educational system and society place an overwhelming emphasis on developing children's intellect rather than their emotional and mental well-being. This may result in disregard for societal expectations and affiliation with those who engage in illegal behaviours. Socioeconomic status is an additional element that may induce delinquent behaviour. Low income is frequently associated with socio-economic insecurity, which may lead to youth engaging in criminal activities. Modern, evolving civilizations are dynamic and self-explanatory in their complexity, with never-ending changes. Children are often uprooted from their native communities and alienated when they lose access to their prior social connections due to socioeconomic upheaval and crises in those civilizations.

Legends who promote justice by physically eliminating offenders have become popular on television and in the media. The influence of media and video games on the fragile brains of young people and children is a hotly debated topic. When kids see violence, they are more inclined to react angrily to triggering situations. The media instills violence in people in several methods. For starters, violent films can excite young people, and anger can be felt in the daily lives of sensitive children. Second, television depicts daily violent acts by parents and peers, leading youngsters to feel that such actions are typical and part of everyday life. Third, the violence in media and games is fictitious and unreal. They are romanticized as well. Wounds bleed less and severe agony is rarely visible. As a result, the repercussions of violent behaviour appear insignificant. It persuades youngsters that violence is an acceptable and preferred method of creating justice and obtaining what they desire. The significance of family and family background is becoming more widely acknowledged as a technique for seeing aberrant behaviour in young people. As opposed to children who are neglected by their parents and families, children who receive proper parental support and attention are less likely to engage in deviant behaviours. A dysfunctional home environment, such as insufficient parental care and support, weak internal linkage and integration, and premature autonomy, are all linked to juvenile criminality. Children from low-income homes who endure social marginalization are frequently portrayed as potential offenders. This has an adverse effect on their mentality and attitude. Family criminalization is another possibility. Families engaging in crime would encourage their children to engage in similar behaviours.

Thus, it's evident that the numerous possible variables contributing to illegal activity affect the child's psychology in certain ways. Consequently, the significance of assessing and taking care of the thought well-being of kids participating in the system of juvenile justice is emphasized.

System of Juvenile Justice and Mental Health; the two are closely associated. For the first time, India established the Act of Juvenile Justice 1986, which outlawed sending juveniles who are in legal trouble to prison in every scenario. Later, as a signatory to the United Nations Convention on the Rights of the Child, India ratified the treaty by enacting the Juvenile Justice (Care and Protection of Children) Act of 2000, which incorporated the convention's provisions for the protection of youngsters in needing support and defense in addition to kids who are in legal trouble. The Act takes a kids-friendly strategy for adjudication and disposal of problems to be able to ensure proper appropriate maintenance, shielding, and treatment while catering to their generative requirements. Furthermore, it demands the complete rehabilitation of minors by the establishment of numerous institutions for that purpose.

The Juvenile Justice (Care and Protection of Children) Modification Bill, 2010, repeals the Act's provision requiring "segregation intervention of juveniles or kids who have sexually transmitted illness, hepatitis B, TB, leprosy, or kids with faulty minds." It governs the proper authority of special homes' competence to transfer a kid from an exceptional home to a special facility, like a mental health hospital. Furthermore, the Juvenile Justice (Care and Protection of Children) Act, 2015, identifies a child in require of protection and care because one "who is mentally deficient, physically or mentally demanding, or affected with a fatal illness and getting no parental support (guardians or parents) if observed consequently, by the Juvenile Justice Board (JJB) or the Child Welfare Committee (CWC)." Additionally, the Act provides that facilities enrolled under this Act must provide adolescents with access to rehabilitation and reintegration services. It also requires these institutions to provide mental health treatments, such as child-centered counseling. The Act also permits the transfer of children from specialized residences to mental health treatment facilities and substance misuse challenges.

The psychological well-being of minors involved in legal disputes and their illegal behaviours are interconnected. This could be because they have similar biopsychological issues or because one illness aggravates the other. Failure to address or prevent these interconnected issues may result in a repeat offense. Consequently, it is critical to address and acknowledge such children's mental health, additionally other connected difficulties. Apart from their advisory function in the system of juvenile justice, mental health experts can make substantial contributions to this process on the preventive, therapeutic, and rehabilitative levels.

Because of this, the Act stipulates that no social worker shall be appointed to the Juvenile Justice Board or Child Welfare Board unless they have primary education experience or are specialists with degrees in psychiatry, law, sociology, or child psychology.

The Act declares a preliminary evaluation for both physical and mental capacity specified for children aged 16 to 18 who are accused of getting started a serious crime. The Board may seek the assistance of professional psychologists, psychosocial workers, or other specialists in this sector. It has been found that children under the age of 14 who come into interact with the law are more likely to have mental health concerns than older youngsters. Because mental health specialists are routinely called upon as experts in such situations, their participation becomes critical, particularly when such instances are displayed, and the court system is probably to be impacted by such considerations. The Act required that privacy be maintained when conversing with kids who are involved in legal issues to avert legal action. This corresponds with the most recent Mental Health Care Act, 2017, which highlights privacy for those experiencing mental illness. The JJ Act is built on rehabilitative and reintegrative services. It requires childcare establishments to provide mental health and addiction services to children. The Act also states that a child may be transferred to a mental healthcare facility or a drug rehabilitation center if needed for treatment. A complete post-discharge strategy is required to maintain continuous care and to avoid the progression of the psychiatric or behavioural condition, as the case may be.

While there are notable differences between practice and policies for kids who break the law, India has accomplished a promising start by enacting growing legislation, particularly the Juvenile Justice Act, of 2015, and the community may provide this risk, yet challenge people with a chance at a healthier present and a better tomorrow.

The Act of Juvenile Justice requires that children's mental health and well-being be prioritized; yet, this requirement doesn't seem to be met in practice. Most of the preventing issues are social workers and childcare institution employees' lack of knowledge about child psychology and aberrant conduct. Insufficient training and expertise on the part of these employees led them to adopt aggressive behaviours towards the youngsters, which may exacerbate the issue.

Reports have also been made of youngsters from LGBTQ+ communities and youth with the identity of gender concerns encountering the system of juvenile court. There is not enough training and sensitization among childcare institution employees concerning the challenges experienced by such youngsters, as they are frequently bullied by older inmates and employees, increasing their vulnerability to mental health disorders.

Despite the reality that the Juvenile Justice Act suggests regular and basic mental healthcare facilities, such as specific dependent-on-needs sessions for counselling, numerous organizations involved within the system lack regular and competent psychologists or have irregular visits from experts who volunteer with NGOs providing additional facilities such as health and recreation. According to a study done by the National Commission for the Protection of Child Rights, children in childcare institutions endure a variety of mental traumas, such as bullying by senior inmates, sexual assault, a lack of space, and so on. As a result, childcare facilities should be monitored on a frequent basis to ensure that children are being treated properly and that the Act's rules are being followed.

Prejudice and stigma are significant barriers to such children's reintegration and rehabilitation. These youngsters are frequently viewed as menacing or having a negative character by society. This results in exclusion and social integration, which can lead to stress, inferiority complexes, and other mental health difficulties for kids under 18.

The lack of presence information about mental health concerns, as well as the stigma associated with them, is a barrier to early intervention. Therefore, finding treatment takes longer before the child comes to interact with the system of juvenile court. It is crucial to raise awareness about mental health and the value of mental wellbeing treatment.

### **Conclusion**

Institutionalized educational programs ought to be created for people managing children experiencing the adolescent equity framework, which ought to incorporate teaching the staff about child psychology, the distinctive mental and natural needs of children in require of protection and care, and children in disagreement with law, furthermore sensitization and mindfulness around the LGBTQ+ community.

Childcare facilities should be better prepared by regularly appointing mental health practitioners. Furthermore, regular audits of childcare institutions should be performed to ensure appropriate operation, the accessibility of skilled personnel and mental health professionals, and compliance with the rules of the applicable legislation. The authority in charge of the childcare facility should be held liable and responsible for any shortcomings.

Counselling juveniles upon their admission to institutions should become the norm. The therapy should address why they are being held in the facilities, potential scenarios that they may encounter over their stay, which include bullying by senior inmates, and whom they should contact in such cases. Furthermore, a simple screening technique for the diagnosis of mental problems should be devised that is simple to use by employees at childcare facilities with sufficient training and doesn't need the assistance of psychological experts. This would allow institutions to examine the emotional well-being of kids at the admission level and deliver the necessary assistance.

Occupation and livelihood-oriented career education customized to the children's abilities and hobbies should be provided. Digital education and courses based on technology should be chosen to facilitate their reintegration into the community and to make it simpler for them to obtain suitable employment after their rehabilitation.

Education and therapy sessions with previous inmates about substance abuse or other concerns should be provided. Because offenders frequently bring similar socioeconomic experiences and conditions to the juvenile justice system, it would be simpler for the children to speak about and relate to previous inmates, allowing them to cope more effectively with the system's atmosphere.

Knowledge about psychological and socio-cultural influences, as well as the relationship between illegal activity and problems with mental health, should be increased to decrease the stigma and prejudice against juvenile offenders that exist in society as a whole and to facilitate the procedure of social reinstatement and rehabilitation.

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