



## MENTAL HEALTH OF JUVENILES IN CONFLICT WITH LAW IN URBAN AREA

**Prof. Neeta Mhavan**

*Asst. Prof. MIT ADT University, School of Education and Research*

### Abstract

*Juveniles in conflict with law (JCL) are children who alleged for having committed some kind of anti-social act and are admitted in the observation homes. Research studies across different time frames have repeatedly shown that juveniles in conflict with display mental health problems that needs to be addressed. Given the growth of population of the Juveniles in conflict with law it is important to find their mental health. The present study was designed to examine the mental health and of the juveniles in conflict with law. Sample for the present study constituted 150 juveniles in conflict with from the Jawaharlal Nehru Industrial Centre, Pune; age ranging from 13 years to 16 years. The participants were given complete information about the purpose of the study. Mental health inventory by Dr. Jagdish and Dr. Srivastav (1996) was used to collect data. Results of the present study reveals that the participants displayed a poor mental health status in all the six dimensions of the mental health inventory.*

**Keywords:** *Juveniles in conflict with law, Mental Health*



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### Introduction:

Mental health is an inseparable part of health. Like good physical health mental health is also necessary to lead a happy and successful life. According to WHO 2009, “an estimated 450 million people worldwide have a mental disorder. At any given time, approximately 10% of adults are experiencing a current mental disorder, and 25% will develop one at some point during their lifetimes”. Amongst all other mental health problems, “depression alone is likely to be the second highest contributor to the global burden of disease by that date” (WHO 2009). Mental health problems are not confined only to adults but children and adolescents also have to face myriads of mental health issues.

Adolescence is a key stage of life and a period of transition where children undergo various physical and emotional changes that causes stressors. These stressors when coupled with family and peer pressure disturbs the mental health of the adolescents. Literature suggests that more than any other developmental stages adolescence period is filled with struggles that are intrapersonal and interpersonal in nature. “In the intrapersonal domain identity formation is the central development task; achieving a sense of personal autonomy and an identity which is separate from family is of utmost importance. On the other hand,

interpersonal tasks include increased involvement with the peer group balanced against continued attachment to the family”(Compass & Wagner, 199, cited by Rastogi, 2013).

Review of literature on adolescent mental health suggests that there are two key entry points in the development of behavioural problems – early childhood and early adolescence with potentially different risk factors associated with each (Lahey, B, Waldman, I, McBurnett, K, 1999). Findings of a study conducted by Landstedt, (2010) suggest that adolescent mental health is associated with the life circumstances of social relationships, demands and responsibility taking and experiences of violence and harassment. Researches across different time frames have stated that children and adolescent with mental health needs sometimes enter a juvenile justice system which is ill-equipped to cater their needs (Hammond, 2007).

Good mental health protects us and helps us to avoid risktaking behaviours that contribute to poor mental health (Moodie & Jenkins, 2005; NeLMH, 2004, cited by Pollett, 2007). Hence it is important to find the mental health of the JCL.

### **Literature Review**

Delinquency is a growing problem in India. Delinquency is any antisocial act committed by the children below the age of eighteen years. According to the Juvenile Justice (Care and Protection of Children) Act 2015, juvenile in conflict with law is “a person who is typically under the age of 18 and commits an act that otherwise would have been charged as a crime if they were an adult Depending on the type and severity of the offense committed, it is possible for persons under 18 to be charged and tried as adults”. It is apparent from earlier researches that juveniles display numerous mental health problems.

Research studies conducted earlier have shown 50 % to 75 % of the youth committed to the juvenile justice system have diagnosable mental health problems (Cocozza & Skowrya, 2000; Shelton, 2001; Teplin, Abram, McClelland, Dulcan & Mericle, 2002) and they frequently display more than one mental health disorder (Coalition for Juvenile Justice Annual Report, 2000). In a study conducted by Davis et al. (1991) found that a significant percentage of youth in the juvenile justice system evidenced a mental disorder (18.3% had previously used inpatient mental health services, and 27% had used outpatient mental health services). Dawes et al., (cited in WHO, 2005) states, child and adolescent mental health includes a sense of identity and self-worth; sound family and peer relationships; an ability to be productive and to learn; and a capacity to use developmental challenges and cultural resources to maximize development. However, a proportion of children and adolescents suffer from overt mental health disorders (WHO, 2005). In a cross sectional study done by

Vreugdenhil et al., (2004), to determine the prevalence of psychiatric illness in incarcerated male adolescents, it was found that ninety percent of the participant reported at least one psychiatric illness.

However, according to the National Mental Health Association, even though 60–70% of youth entering the juvenile justice system have emotional disturbances, few receive adequate screening, assessment, or treatment.

### **Objectives**

To find the mental health status of the juveniles in conflict with law.

### **Methodology**

For the purpose of this study a survey was conducted in the observation home for boys. The study sample consists of 150 boys from the observation home aged between 13-16 years. The sample was drawn by purposive sampling. Those participants who had committed some kind of antisocial act and were admitted in the observation home for a period of one month and above were selected for the study.

The participants were given complete information regarding the purpose of the study and a written consent form was signed by the respective authority

### **Tools**

Mental Health Inventory developed by Dr. Jagdish and Dr. A. K. Srivastav (1996). The Inventory consists of 56 items. These items are based on six dimensions viz. Positive self-evaluation, Perception of reality, Integration of personality, Autonomy, Group oriented attitudes and Environmental mastery. In the present inventory four alternative responses have been given to each statement i.e. always, often, rarely and never. Construct validity of the inventory is  $r = 0.54$  and reliability of the inventory determined by 'Split-Half Method' was  $r = 0.73$  (Jagdish & Srivastav A. K. 1996).

### **Statistical Analysis**

The data collected was analysed to calculate mean and SD of all the six dimensions of the mental health inventory.

### **Result**

**Table 1: Mental health Status of the Juveniles in Conflict with Law**

Sr. No.	Component	N	Mean	SD	Status
1	Positive Self Evaluation (PSE)	150	25.933	3.144	Poor
2	Perception of Reality (PR)	150	21.166	2.841	Poor
3	Integration of Personality (IP)	150	32.293	3.188	Poor
4	Autonomy (AUTNY)	150	14.726	2.379	Poor
5	Group Oriented Attitude (GOA)	150	24.573	3.061	Poor
6	Environmental Mastery (EM)	150	24.973	2.682	Poor
	Overall	150	143.666	7.659	Poor

The above table portrays the means and standard deviations of six different dimensions of the Mental Health Inventory. These score indicate that the respondents have poor mental health status in all six components of the inventory. The overall mental health of the respondents is also shows a poor mental health status.

### **Discussion**

The purpose of the study was to examine the mental health of juveniles in conflict with law by using Mental Health Inventory (MHI). The results shown in the table depict that the respondents have poor mental health status in all six dimensions of the mental health inventory.

The mean scores obtained in the first dimension that is positive self evaluation shows that the respondents felt lack of confidence and irritated at times. It also shows that their relation with neighbours is not satisfactory. Poor scores in this dimension also means that they were confused with contradictory thoughts and have mood fluctuations.

Poor scores in the perception of reality dimension means that they are not aware of the difference between fantasies and reality. They feel insecure and are not able to take decisions.

On the third dimension i.e. integration of personality the scores mean that the respondents are not able to control their emotions. They are not able to make plan for their and are afraid of imaginary calamities.

Mean scores of the fourth dimension shows that the respondents were not autonomous. They are not able to take quick decisions and feel hopeless. The respondents also feel that this world is not a good place to live in.

The mean scores of group oriented attitude shows that the respondents often suffer from inferiority complex and feel depressed and dejected. They also feel that in their present

condition situations are getting worse, there is nobody to help them come out of this situation, neither their relatives nor their neighbours.

Lastly the mean scores of the sixth dimension i.e. environmental mastery shows that even in this dimension the respondents' mental health is poor. They lack confidence and are not able to concentrate on any task. The participants also have a narrow perception of life.

Results of the present study are parallel to the earlier studies that have revealed that juveniles in conflict with law have mental health problems. However the mean scores in all six dimensions show that the mental health is not very poor and can be improved with proper intervention.

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