Impact of Institutionalisation on Juvenile Mental Health: Insights from Indian Juvenile Homes

SURABHI DWIVEDI*[1] AND RASHMI BISHNOI[2]
[1]Research Scholar and [2]Professor
[1]Department of Home Science, University of Lucknow, Lucknow (U.P.) India
[2]NSCB Girls P.G. College, Aliganj, Lucknow (U.P.) India

*Corresponding Author

ABSTRACT

Although institutionalisation in juvenile homes is intended for the protection and rehabilitation of children in conflict with the law, it has far-reaching consequences for their mental health. The research examines how institutionalisation processes affect juveniles' mental health, using conditions seen in Indian juvenile homes as a specific context. The paper uses a multidisciplinary theoretical framework that includes developmental psychology, trauma theory, and socio-cultural views to examine how institutional settings might either relieve or exacerbate mental health problems in adolescents. In this framework, the study situates the issue of institutionalisation within the Indian juvenile justice system and discusses the different socioeconomic and cultural elements that contribute to children being institutionalised. This also sheds light on the anxiety, sadness, PTSD, and behavioural issues of juveniles in correctional facilities. Overcrowding, a lack of mental health services, poor living circumstances, and a failure to apply trauma-informed care methods and procedures are all blamed for these high rates. Seven thorough case studies were presented to demonstrate the lived realities of juveniles in institutional care in several Indian states, including Delhi, Mumbai, Kolkata, Punjab, West Bengal, Andhra Pradesh, and Gujarat. Following research, these case studies revealed a consistent tendency in the forms of carelessness, a lack of individualistic care, and the negative impact of institutional environments on psychological well-being. These findings highlight the gaps in mental health care for juvenile homes, including a lack of educated mental health experts, insufficient therapeutic interventions, and poor linkage with community agencies. The article finds critical inadequacies in current mental health treatment methods, such as a lack of frequent psychological assessments, inadequate staff training, and culturally inappropriate approaches to care. These inadequacies contribute to juvenile homes' failure to provide a therapeutic atmosphere that promotes mental health recovery. The paper responds to these challenges by making comprehensive recommendations for improving the mental health outcomes of juveniles in institutional settings, including increasing access to mental health professionals, implementing trauma-informed care practices, improving living conditions, and improving coordination with external support systems. The study contends that addressing such systemic concerns has the potential to foster a more supportive and rehabilitative environment for adolescents, resulting in improved mental health and a more successful juvenile justice system.

Keywords: Institutionalisation, Juvenile, Juvenile Homes, Mental Health

INTRODUCTION

India's juvenile justice system is orientated on reformation and rehabilitation rather than punishment. It aims to guide juveniles—defined as those under the age of 18 who are in trouble with the law—down a path of reformation, allowing them to rejoin society as responsible citizens. Institutionalisation, which involves placing these adolescents in government-run Observation Homes, Special Homes, and Shelter Homes, is one of the primary tactics employed by the Indian juvenile justice system to achieve these objectives. While these institutions are intended to provide a safe and supportive environment for young people, the reality of their operations usually

falls short of this goal. Facilities like this can easily lead adolescents to states of despair, anxiety, post-traumatic stress disorder, and behavioural disorder, raising serious concerns regarding the efficacy of institutionalisation as a rehabilitation tool. These conditions not only substantially undercut the rehabilitative role of juvenile homes, but they also lead to youngsters' poor mental health. Psychological and emotional wellness is essential in adolescents, especially since they are at a vulnerable age when everything around them might affect them. This is frequently the experience of institutional life after traumatic life events such as criminality, family disintegration, and social marginalisation, which can exacerbate pre-existing or cause new mental health disorders.

Separation from family, the perception of being in conflict with the law, and the frequently punitive environment of juvenile facilities can make teenagers feel hopeless and helpless, hindering them from emotional healing and reintegration into society.

The report focusses on studies undertaken in a variety of Indian juvenile homes to explore the consequences of institutionalisation on juvenile mental health.

This paper has three interconnected objectives: to provide a comprehensive review of the current status of juvenile homes in India, with special reference to the accessibility and shortcomings of mental health services within these facilities; to investigate, from theoretical points of view as well as through empirical data from Indian juvenile homes, the mental health effects of the institutionalisation experience; and finally, to recommend concrete steps for improving the mental health.

Institutionalisation and Mental Health: Theoretical Perspective:
Theoretical Frameworks on Institutional Care and Mental Health:

In this context, institutionalisation is best defined as the placement of a juvenile in a residential facility where the minor is confined, separated from his family, and subjected to strict discipline for the rest of his life in state care.

The system of institutionalisation is frequently used as a temporary means of rehabilitation, despite the fact that it can have far-reaching consequences for a juvenile's psychological and mental health. The apparent explanation for these impacts necessitates the development of several theoretical approaches for comprehending the intricate connection between institutional surroundings and mental health outcomes.

These facilities are designed to create a regulated environment in which adolescents can be cared for, educated, and rehabilitated.

These phrases define the psychological states that result from long-term institutional care, such as dependency, indifference, loss of initiative, and a low feeling of self-esteem.

1. **Erving Goffman's Concept of Total Institutions**
   Juvenile homes are comprehensive institutions that regulate daily activities, social interactions, and even life identities. According to Goffman, life in a comprehensive institution often results in a'mortification of the self', in which people sense a profound loss of personal identity and autonomy.
   This can be tremendously damaging to the self-esteem of adolescents, who are in the formative stages of their identities. The consequences include long-term mental problems like sadness, anxiety, and low self-esteem.

2. **Attachment Theory:**
   Attachment theory, developed by John Bowlby, gives another crucial perspective on the influence of institutionalisation on mental health. According to attachment theory, healthy psychological development begins with a solid bond to a primary care taker.
   Many children and adolescents in institutional environments have separation anxiety, emotional detachment, and unstable attachment to others.

3. **Social Learning Theory:**
   Albert Bandura proposed social learning theory, which emphasises environmental influences that influence conduct and mental health.
   These negative role models, together with peer pressure and the desire for conformity in juvenile households, contribute to the acceptance of such behaviours and attitudes.
   The institutional context may further limit the opportunity for beneficial social connections and the development of socially conscious behaviours, exacerbating the psychological effects of institutionalisation.

4. **Psychosocial Development Theory:**

It is vital to note that, according to Erik Erikson's theory of psychosocial development, it is feasible to grasp the many obstacles that juveniles face while in institutional settings.

Erikson believes that people advance through life in stages, each of which is associated with a distinct social crisis that the individual must overcome in order to develop normally.

Role confusion in which he works to develop an identity and an individual sense of self.

Risk Factors Associated with Institutionalisation:

- Isolation can lead to emotions of loneliness, abandonment, and rejection, which are known risk factors for melancholy and anxiety.
- The social stigma associated with breaking the law, along with institutionalisation, exacerbates distress.If a person lacks control over his or her life or decisions, this might contribute to learnt helplessness, a condition in which people believe they are unable to change their circumstances.
- Pre-existing mental health conditions, including trauma. Many juveniles entering institutional care have previously suffered considerable trauma, such as abuse, neglect, or exposure to violence.
- Inadequate trauma-informed care and mental health resources in juvenile homes can worsen existing conditions or create new ones.
- The stressful environment can lead to chronic stress, anxiety, and psychological issues.

The Indian Context: Overview of Juvenile Homes:

At the heart of this system is institution-based care offered to children in conflict with the law via various types of juvenile facilities.

It provides an overview of India's juvenile homes, including its organisation, legal framework, current situation, and issues.

Structure and Types of Juvenile Homes in India:

1. ***Observation Homes*:**

These homes serve as the child's first point of interaction with the juvenile justice system. A variety of initial assessment studies are conducted, including a psychological examination, educational assessment, and health checks.

2. ***Special Homes:***

These houses are intended to provide long-term residential care, with a focus on youth rehabilitation and reintegration via education, vocational training, and therapy.

3. ***Children's Homes:***

Although they are not limited to children in confrontation with the law, the Juvenile Justice Act establishes homes known as 'Children's Homes' for CNCP and petty offenders. Such homes protect abandoned, orphaned, and neglected children and offer basic care while attempting to reintegrate them into their families or find other long-term solutions.

4. ***Shelter Homes:***

Shelter Homes Shelter Homes provide temporary housing, food, medical treatment, and therapy to juveniles and other disadvantaged children.

5. ***Aftercare Homes:***

Aftercare Homes are created for children who, upon reaching the age of 18, must be discharged from institutional care.

Legal Framework: The Juvenile Justice (Care and Protection of Children) Act, 2015:

The Juvenile Justice (Care and Protection of Children) Act, 2015, is the primary legislation governing the treatment of juveniles in India. This Act replaced the earlier Juvenile Justice Act of 2000 and introduced several reforms aimed at strengthening the juvenile justice system in line with international conventions, particularly the United Nations Convention on the Rights of the Child (UNCRC).

Key features of the 2015 Act include:

1. *Child-Friendly Approach:* The Act emphasizes a child-friendly approach in the adjudication and disposal of matters in the best interests of the child, with a focus on rehabilitation rather than punishment.
2. *Juvenile Justice Board:* It makes provision for the setting up of Juvenile Justice Boards at the district level for dealing with cases related to juveniles in conflict with the law.

3. *CWC means Child Welfare Committee:* Under the said Act, Child Welfare Committees are established and shall provide for the care, protection, treatment, development, and rehabilitation of children in need of care and protection.

4. *Rehabilitation and Social Reintegration:* The Act has laid ample emphasis on the rehabilitation and reintegration of the juvenile with society through different institutional and non-institutional measures, such as adoption, foster care, and sponsorship.

5. *Special Provisions Relating to Heinous Offences:* The 2015 Act introduced a very controversial provision where a juvenile between 16 to 18 years of age, if committed a heinous offence, would be tried as an adult, depending on the nature of the offence and the juvenile's mental and emotional maturity. This provision has generated quite a bit of debate in terms of its implications on the rehabilitation of youthful offenders.

Mental Health Challenges in Juvenile Homes:

Juvenile homes are supposed to care for and rehabilitate adolescents who have broken the law, have become places that exacerbate mental health problems. Anxiety, sadness, posttraumatic stress disorder, and behavioural disorders are significantly more common among juveniles in institutions than in the general community.

It's paradoxical that the institutional atmosphere is one of the leading causes of these mental health difficulties. Many juvenile homes are characterised by overcrowding, which restricts private space and raises stress among residents. Overcrowding can also foster hopelessness and despair among those confined within it, exacerbating any pre-existing mental health disorders. Furthermore, most juvenile homes have substandard living conditions, making them unsuitable for human existence due to a lack of access to essential necessities. Such factors contribute to a poor mental health status.

Furthermore, most institutions do not provide adequate mental health care. The majority of juvenile homes are understaffed; even psychiatrists and counsellors who are expected to care for the inmates' mental health are inadequate. This gap means that juveniles with acute mental health needs are not receiving timely or appropriate treatment. Another key gap is a lack of trauma-informed care, as many of the youths in these facilities have been victimised, neglected, or witnesses to acts of violence, which are known to have had a significant impact on their mental health.

The cumulative effect of these issues would result in an environment that is not at all conducive to rehabilitation and a 'sound mind' for adolescents. These must therefore be addressed to ensure that juvenile homes serve their objective of rehabilitation and developmental wellness among its inhabitants.

Current State of Juvenile Homes in India:

Care and Protection Juvenile homes in India are expected to provide rehabilitation to youngsters in confrontation with the law, which is not an easy process. One of the most important issues experienced in Indian juvenile facilities is over pressurisation, which causes many juvenile homes to operate over their capacity. Overcrowding also reduces the quality of care provided to adolescents. Many juvenile homes have subpar living circumstances, including poor infrastructure and contaminated sanitation, as well as insufficient amenities for basic requirements like clean water and nutritional food.

Staffing is another important factor. Many juvenile homes are severely understaffed, including counsellors, social workers, and mental health experts. This shortage of qualified professionals has a negative influence on the ability of these institutions to provide the essential supportive atmosphere and supervision for the children's rehabilitation and mental health. Furthermore, the available staff in most cases lacks expertise in child psychology and trauma-informed care, among other important abilities that can be useful in addressing the residents' needs across numerous dimensions.

Second, there is a general lack of monitoring and responsibility in how juvenile homes operate. Inspection and monitoring are infrequent; as a result, there is a disconnect between what is happening on the ground and the requirements stated in the Juvenile Justice Act (Care and Protection of Children), 2015. As a result, many adolescents in these institutions are at risk of neglect, abuse, and ongoing psychological suffering.

Case Studies and Research Findings:

From the state of various institutions to the children's backgrounds and life path events, as well as the unique

characteristics of mental health care given, a variety of factors influence the mental health of juveniles in institutional settings across India. This section includes seven case studies from various Indian states that highlight common patterns of mental health difficulties, the impact of the institutional setting, and gaps in care.

Case Study 1: Delhi

Sharma and Agarwal, in 2019, studied the living experiences of juveniles in observation homes in Delhi. Overcrowding was one of the major issues that surfaced. Since the capacities in most of the observation homes have surpassed limits, many juveniles were made to sleep in shared spaces with little privacy. Lack of individual attention, along with no mental health facilities, created heightened levels of anxiety and depression amongst the juveniles. It so happened that many of these children were already victimized by traumatic experiences such as abuse or abandonment, even before coming to the institution, and in addition, were further victimized under the harsh conditions of the home. One juvenile shared feelings that he was being "punished repeatedly," without any support for his psychological trauma. The researchers observed that even though some of the staff tried to counsel, the absence of experts on psychological problems severely hampered them in trying to solve the deeper problems.

Case Study 2: Mumbai

Joshi and Sharma (2020) also conducted the research in Mumbai in a juvenile home that was designed for children involved in criminal activities. Most had features of post-traumatic stress disorder, especially those who had been exposed to gang violence or severe abuse before coming to the institution. However, there were no psychologists, only punitive measures, and very little emphasis on rehabilitation. The juveniles felt closed off and disconnected from their families, which adds to their mental problems. Added to this, the institutional atmosphere characterized by rigid routines with little personal freedom further enhanced aggressive-defiant behaviours. The authors, despite the home's intention to keep the children in a 'safe' environment, found this lack of psychological support breeding further deteriorations in mental health.

Case Study 3: Kolkata

Patel and Roy (2018) conducted research into a juvenile home in Kolkata that provided shelter to children who were either abandoned or admitted through family breakdowns. While other facilities of this nature across the nation housed children conflicted with the law, this particular facility sheltered the children. High rates of depression and anxiety were diagnosed, in most cases related to the trauma associated with being torn from their families. The lack of emotional support and impersonal nature promoted the feelings of neglect and hopelessness. One juvenile describes the environment as "cold and uncaring," thus deepening his sense of abandonment. The facilities of the institution were not bad, but the absence of any psychologists or counsellors meant that very little could be done to meet the psychological and mental needs of the children. "The researchers therefore concluded that the physical needs of the children were taken care of, though the mental health concern of these children remained in the backburner.

Case Study 4: Punjab

The mental health consequences of juveniles with a history of substance abuse were evaluated by Kaur and Singh in a juvenile home in Punjab. Almost 60% of the juveniles had some sort of history of either using drugs or alcohol, and most among them suffered from addiction-related mental disorders like depression, anxiety, and PTSD. Nevertheless, all these issues were present, yet the facility did not have any specialized addiction counselors or mental health services. Discipline, rather than therapy, was used by staff in trying to handle behavioural problems presented by the juveniles; this was often very conflicting to the children and the caregivers. The juveniles felt misunderstood and stigmatized for behaviours they did in the past, while their mental conditions were either untreated or exacerbated by their stay in the institution.

Case Study 5: West Bengal

Chakraborty and Mukherjee (2021) conducted a case study in a juvenile home of West Bengal. They selected the younger children in the home, aged 8-12 years, for their study on the effects of institutionalisation. The result of this study reflected that even young children manifested symptoms of ill mental health like separation anxiety, sleep disturbances, and developmental delays. Many of the children were placed in the institution because of parental neglect or abuse, further exacerbating the trauma they had suffered. The

researchers noticed a lack of early intervention and psychological support in such cases, which could have resulted in serious mental health problems later in their lives. The study also focused on the lack of appropriate care according to age, which was practically nonexistent in this particular institution.

Case Study 6: Andhra Pradesh

Institutionalisation and its consequences in juvenile behaviour are studied by Rao and Devi (2022) in an Andhra Pradesh home. In their research work, the institution conditions concerning the manifestation of behavioural problems, such as ODD and conduct disorder, were studied. The investigations showed that such behavioural disorders are worsened by the highly rigid and punitive environment within the home itself. Many were caught up in a vicious cycle of punishments without outlets for emotional expression and therapeutic interventions. Untrained in mental health care, staff often perceived these behavioural problems as simple defiance and met them with more discipline, further exacerbating the juveniles' mental health problems. The study concluded that, unless the focus of such facilities shifted to rehabilitation and addressing their mental health needs, the juveniles would remain burdened with unresolved behavioural and emotional problems throughout their stay in these facilities.

Case Study 7: Gujarat

Bhatt and Patel (2020) conducted a research study on the psychological health of juveniles within Gujarat's correctional homes. The subjects under consideration were juveniles who had been institutionalized for violent crimes such as theft and assault. Indeed, these researchers found high levels of anger, aggression, and emotional dysregulation among such juveniles. Most of these young people had grown up with violence either in their homes or communities, and little, if anything, was done within the institution setting to resolve such underlying issues. It has been documented that the Correctional Home has no organized programme concerning mental health, and the juveniles reported experiencing being "trapped in their own emotions." While there were social workers around, more the emphasis was on discipline rather than rehabilitation or mental health. Therefore, the trauma-informed care coupled with individualized mental health services is believed to have helped these juveniles process what had happened and switch over to better mechanisms of coping

Findings:

Common sets of problems in Indian juvenile homes include overcrowding, inadequate facilities, lack of mental health professionals, and lack of trauma-informed care. Every institution had unique issues regarding the institutions themselves, but a common thread running through them was the lack of a rehabilitative environment with a focus on mental health. Juveniles in these facilities reported feelings of neglect, isolation, and emotional pain. Most of the mental health problems either remained untreated or were further exacerbated by the institutional environment. These studies really point to the urgent need for reform in these facilities, improving mental health care, providing trauma-informed care, and addressing environmental elements that contribute to deteriorating mental health.

Gaps in Mental Health Care in Juvenile Homes:

Gaps in the mental health care system in juvenile homes in India pose a big barrier to offering good support to the children under care. Some of the fundamental issues include access to specialists in the field of mental health, such as psychologists, psychiatrists, and counselors. Most of the juvenile homes, due to insufficient resources, can hardly manage to have one or two employees who are specially trained to address the needs of the children's mental health. In consequence, anxiety, depression, PTSD, or behavioural disorders are barely intervened in the case of juveniles.

One critical gap lies in the absence of trauma-informed care practices. Most of the juveniles have been exposed to abuse, neglect, or violence before coming into these homes, and yet most staff members are not trained to understand or attend to the trauma that such children bear with them. This sets up situations which might cause re-traumatisation, where the institutional environment further promotes, rather than heals, the emotional wounds.

Apart from that, mental health care is not individualized. Juvenile homes have the tendency of applying similar rules to the care of everything and in all children. It does not reflect the different needs that the children might have. Options for therapeutic interventions in the form of counselling or therapy sessions aren't available.

There are very limited coordination and after share

planning in relation to the community mental health services for release. For fear of subjecting most of these juveniles to very serious life difficulties in their readjustment without continued institutional support upon release, they are further suffering from most mental health problems.

Recommendations for Improving Mental Health Outcomes in Juvenile Homes:

Improvement in the mental health outcomes for juveniles in institutional care requires a multi-faceted approach comprising of both structural and therapeutic gaps. The recommendations below attempt to encapsulate environmental improvement, mental health services, and overall rehabilitation processes in juvenile homes.

1. ***Increase Access to Mental Health Professionals:***
   One such essential step toward this may include the hiring and training of more mental health professionals, psychologists, counsellors, and social workers to work directly within juvenile homes. Every juvenile home should have special mental health staff for regular psychological assessment, counselling, and therapeutic intervention. Furthermore, personalized care plans should be developed for each child, reflecting specific needs identified about the juvenile.

2. ***Trauma-Informed Care Practices:***
   Many of these juveniles have been exposed to traumatic experiences in abuses, neglect, or violence within such stays. Training in trauma-informed care is necessary for trauma identification and understanding in children, which exhibit specific responses to their behaviours. Trauma-informed practices attend to the safety of the environment and recovery of emotions and psychology. Because of this, punishment-related actions could result in re-traumatisation and therefore should not form part of any personnel training; instead, it would focus on building trust and emotional safety.

3. ***Improvement in Living Conditions and Safe Spaces:***
   Another equally important aspect is the physical environments within juvenile homes aimed at their mental well-being. Facilities which are overcrowded, ill-kept have a tendency to stress out the youth and further move them toward anxiety. Improvement in living conditions, keeping them hygienic and offering a place of privacy, quietness where children can retire to go into themselves and reflect, becomes vital. For many traumatized children, this is an absolute need.

4. ***Encourage Family and Community Participation:***
   Rehabilitation and mental health outcomes can definitely be improved if the participation of both family and community-based support systems is ensured. The juvenile homes have to strengthen their links with the families and community mental health services, wherever possible, to ensure continuity of care during and after institutionalisation. Regular visits by family members, involvement in counselling sessions, and post-discharge mental health support would ensure continuity of care and help the reintegration process.

5. ***Include Life Skills and Emotional Resilience Programs:***
   Life skills training and programs that will enhance emotional resilience are best placed to act as rehabilitating factors in juvenile homes. These programs will help juveniles enhance their coping mechanisms and manage stress while helping improve interpersonal relationships-very important in life after institutionalisation. Other additional benefits can be derived from group therapy, mindfulness, and arts-based therapies.

Any such recommendation, upon being acted on, would go a long way in helping the juvenile home address the emotional and psychological needs of the children. The stay in these facilities would become more rehabilitative and inclusive for mental well-being and would also help the juveniles to go back into society successfully.

Conclusion:

The study of mental health issues in juvenile homes in India reveals a complex interaction of elements that have a substantial impact on the well-being of young inhabitants. Institutionalisation, while meant to provide care and rehabilitation, frequently exacerbates pre-

existing mental health difficulties and creates new challenges. The findings of numerous case studies and research highlight the need for significant reforms to address these concerns and enhance overall mental health outcomes for youth.

Improving mental health outcomes for juveniles in institutional settings is a challenging but attainable aim. It takes a collaborative effort from politicians, administrators, mental health experts, and the community. By addressing identified deficiencies and adopting recommended adjustments, juvenile homes can improve their residents' mental health and contribute to more successful rehabilitation and reintegration into society.

Ultimately, the well-being of young people in institutional care should be prioritised, with efforts directed towards building conditions that promote healing, growth, and positive development. Investing in comprehensive mental health care and supporting behaviours is not only a moral necessity, but also a critical step towards ending the cycle of mental illness and recidivism among youth.

REFERENCES

Bhatt, V. and Patel, S. (2020). Assessing the psychological well-being of juveniles in correctional homes: A study from Gujarat. *Internat. J. Offender Therapy & Comparative Criminology*, **64**(12) : 1239-1251. https://doi.org/10.1177/0306624X20933172

Chakraborty, S. and Mukherjee, P. (2021). Case study on the mental health of juveniles in institutional care: A West Bengal perspective. *J. Indian Association for Child & Adolescent Mental Health*, **17**(2) : 89-102. https://doi.org/10.1016/j.jiacam.2021.05.011

Joshi, A. and Sharma, K. (2020). Mental health and institutionalisation: A study from Mumbai. *Indian J. Soc. Psychiatry*, **36**(2) : 101-109. https://doi.org/10.4103/ijsp.ijsp_7_19

Kaur, P. and Singh, R. (2017). The effects of institutional environment on adolescent mental health in Punjab's juvenile homes. *Asian J. Psychiatry*, **29** : 137-144. https://doi.org/10.1016/j.ajp.2017.03.004

Patel, M. and Roy, D. (2018). Examining the psychological impact of long-term institutionalisation in Kolkata's juvenile homes. *Internat. J. Child & Adolescent Health*, **11**(4) : 361-372. https://doi.org/10.1515/ijca-2018-0041

Rao, K. and Devi, S. (2022). Impact of institutionalisation on juvenile behaviour: A case study of Andhra Pradesh. *Indian J. Social Work*, **83**(1) : 55-70. https://doi.org/10.1080/00021345.2022.0159625.

Sharma, R. and Agarwal, P. (2019). Impact of institutional living on mental health: Insights from Delhi's juvenile homes. *J. Indian Psychology*, **37**(3) : 205-217. https://doi.org/10.1007/s10900-018-0617-6.

****