

need for clinical reassessment of the youth in a contained, structured setting. The need to use psychotropic medications in a safe and appropriate manner and only as part of a comprehensive treatment plan is particularly important due to recent controversies regarding psychotropic medication use in nonincarcerated youth in state custody.

Apart from these issues related to psychotropic medication, the authors state that there is no widely accepted or published best practice standards of behavioral health care in juvenile detention settings (page 209). The American Academy of Child and Adolescent Psychiatry did release the practice parameter for the Assessment and Treatment of Youth in Juvenile Detention and Correctional Facilities in 2005.^{2,3}

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References

1. Desai RA, Goulet JL, Robbins J, *et al*: Mental health care in juvenile detention facilities: a review. *J Am Acad Psychiatry Law* 34:204–14, 2006
2. Penn JV, Thomas CR: AACAP Work Group on Quality Issues: Practice parameter for the assessment and treatment of youth in juvenile detention and correction facilities. *J Am Acad Adolesc Psychiatry* 10:1085–98, 2005
3. Penn JV; Use of Psychotropic Medications with Incarcerated Youth; Standards for Health Services in Juvenile and Confinement Facilities. Chicago: National Commission on Correctional Health Care, 2004, pp 263–5

Reply

Editor:

It was with interest that we read the letter to the editor regarding our article entitled “Mental Health Care in Juvenile Detention Facilities: A Review.”¹ In particular, we would like to commend Drs. Penn and Thomas on their work in developing a practice parameter for the assessment and treatment of youth in juvenile detention and correctional facilities. This document was released after our paper was already in

press. However, it represents an important step forward in establishing guidelines for the treatment of vulnerable youth while detained.

With respect to the issue of psychotropic medications, such agents are a critical component in the treatment of this population. Consulting psychiatrists clearly play a major role in the reassessment of previously prescribed medications and in utilizing additional medications when indicated. At times, changes to existing medication regimens may be essential. However, we want to emphasize that considerable caution is needed when making such changes within a detention setting, because of the short and unpredictable lengths of stay, as well as the potential absence of adequate follow-up care or lack of follow-through with available care once the youth leaves the detention facility.

Forensic psychiatrists interested in participating in the development of policy, practice guidelines, and accepted standards of medical practice in these settings will find their efforts much needed. They would do well to familiarize themselves with these settings as well as the practice parameter issued by the American Academy of Child and Adolescent Psychiatry and authored by Drs. Penn, Thomas, and their colleagues. It is only with continued attention to proper standards of good clinical care, as well as more research and development of effective and appropriate interventions, that the serious mental health and substance abuse needs of this vulnerable population can be addressed.

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Reference

1. Desai RA, Goulet JL, Robbins J, *et al*: Mental health care in juvenile detention facilities: a review. *J Am Acad Psychiatry Law* 34:2:204–14, 2006

Editor:

I read with interest and great appreciation the discussion¹ and commentary² concerning psychiatric