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Youth Prisoners and Boarding School Children:

Mental Wellness Issues and Therapeutic Responses

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ABSTRACT

This literature review examines the psychosocial and emotional difficulties experienced by children in two settings - boarding schools and young offender institutions. Following an overview of each institution, the psychopathologies and other mental health difficulties of children in each institution are examined in turn. An attempt is made to separate the psychopathologies already present on being sent away from those that develop as a consequence of the child spending time in that institution. Problems suffered by those who have left their institution are examined.

The psychotherapy approaches employed with current and former members of these two groups are then examined in turn, and the success or otherwise of these is discussed and the discourse related to each institution is examined. An attempt is made to anchor this research by applying child development theories to these groups, and to place this research in context. Finally, conclusions are drawn and recommendations made for future research.

CHAPTER 1: INTRODUCTION

In developed countries, there are two main scenarios in which children are routinely taken away from their home, family and friends to be educated in residential institutions. These are when children are sent to boarding schools by their parents, and when children are sent to youth detention centres by judicial systems. Boys and girls at boarding schools are usually seen as privileged (Monbiot, 2012; O'Neill, 2014; Schaverien, 2015) whereas society tends to view children in the criminal justice system harshly ('Lock up the Yobs', 2008). While there are many academic studies focussing on one or other of these groups, and some sociological studies of these institutions that make interesting reading (Goffman, 2022; Wakeford, 1969), it appears that no study has juxtaposed the psychosocial or emotional difficulties experienced by children in these two settings.

Mental health issues are faced by many children and teenagers. A study by Public Heath England found that one in nine children between five and sixteen had a probable mental health disorder (*Mental Health of Children and Young People in England, 2017 [PAS]*, 2018). Moreover, the separation of a child from one or more parents is well known to have adverse effects on the child, whether through parental military service (Amen et al., 1988), parental imprisonment (Beresford, 2018), migration (Shi et al., 2021; Smeekens et al., 2012), parental separation or the death of a parent (Kendler, 1992; Tyrka et al., 2008). The effects of a child's separation from parents are consistently negative on a child's social and emotional development (Waddoups et al., 2019), and the importance of the right school environment in children's mental health is well established (*Promoting Children and Young People's Mental Health and Wellbeing*, 2021). Yet, in Ireland and in many other countries,

children are taken from their homes to be educated, either at boarding schools or at young offender institutions.

The aim of this study is to explore the psychosocial and emotional difficulties experienced by children in two settings - boarding schools and young offender institutions.

The objective is to examine the therapies considered most efficacious for each group.

CHAPTER 2: BOARDING SCHOOLS AND MENTAL HEALTH

Boarding schools have existed for hundreds of years (Schaverien, 2015) and can be found in in many countries (Wakeford, 1969) including Ireland, taking in children boarding from age seven and upwards (D., 1908; Luke, 1994; K. Sheridan, 2017; *Why Boarding?*, n.d.). They typically claim to provide a high-quality education (*Service Parents' Guide to Boarding Schools*, 2023; Wakeford, 1969) although Wakeford (1969) reports that when results are adjusted for academic ability and family income, boarding school children achieved lower academic results than their day-school peers. In 2022 in the UK there were around 65,000 children in boarding schools, a record high. Over 75% of these children are 'full boarding', i.e. going home only a few times a term (Parkes et al., 2022).

Boarding schools are expensive: a year's boarding at King's Hospital School, Dublin costs €26,700 (*Kings Hospital School Dublin*, n.d.). The cost of boarding usually results in only affluent families being able to afford it, leading naturally to elitism. Moreover, academic selection policies typically result in boarders having higher cognitive scores at entry (Sullivan, 2020). Ex-boarders are often massively over-represented among the political and business leadership of the countries where boarding is popular (Duffell, 2011, 2014), and this is often seen by parents as a benefit - although Wakeford (1969) found that this advantage is restricted to past pupils of small number of so-called elite boarding schools. Other reasons given by parents for sending their children away include overcoming geographic isolation (Wang et al., 2016), avoiding poor local schools, having access to specialised courses, accommodating parents working overseas, giving a child an escape

from disrupted family circumstances and an assumed character-building experience for the child (Hodges et al., 2013).

Many boarding school children suffer from effects of being sent away, both at the time and afterwards. Since the pioneering work of Nick Duffell in founding a support organisation for boarding school survivors in 1990 (*Boarding School Survivors » About Us*, n.d.) and the work of Joy Schaverien (2015), the deleterious effect of boarding schools on children's lives has become increasingly well known. A 1994 TV documentary laid bare the pain suffered by young boarders (Luke, 1994). Duffell describes boarding school as 'a form of child abuse' (Goodchild & Rowsell, 2001). In addition to the damaging effects of being separated from parents, sexual abuse has been reported in some of the most prestigious boarding schools (Conneely, 2022; Poynting & Donaldson, 2005).

Research on the mental health challenges of boarders while still at school and the psychotherapeutic approaches in boarding schools is sparse (Martin et al., 2014). The schools themselves are almost entirely silent on this subject, preferring to talk in their sales collateral about wellbeing (*Blackrock College Wellbeing*, n.d.) and mental toughness (*Understanding 'Soft Skills' Development at Independent Schools. An Analysis of Mental Toughness at UK Independent Schools*, 2017). The limited evidence available suggests that many boarders suffer from being sent away: one piece of direct research on boarders' well-being found that boarders may experience higher levels of distress than day students at the same schools (Skorodzien, 2020). A study of boarding school children in Israel found that over a quarter were on medication for behaviour, and that just less than a tenth of these children were receiving psychiatric care (Agmon et al., 2015). A study at a boarding school in

Malaysia found the prevalence of depression, anxiety and stress was 40%, 67% and 45%, respectively (Wahab et al., 2013). However, these findings should not be generalised until more studies can be carried out – especially as national and school cultures are known to vary widely (Bronfenbrenner, 1970).

Two studies give an insight into the mental health challenges faced by boarders, through the eyes of school counsellors. In an interview, Christine Thompson (Thompson & Basset, 2022) discusses the challenges as a school counsellor of dealing with homesickness and suicidal ideation. She also says that because parents are required to pay for each term in advance, it is unusual for the parents to take a child away mid-term, however unhappy they become, however she does note that for some boarders with difficult home lives, the school may represent 'the most secure and consistent place in their lives', as it is for the fictional Harry Potter (Rowling, 1997). She reports that overseas students' distress is often dismissed by their parents, who urge them to focus on their studies and bury their feelings. She remarks that boarding students' emotions are often buried deep when they come for counselling. Sherborne (2017) looks at the personal changes undergone by boarding school counsellors through the lens of vicarious post-traumatic growth. Her counsellor interviewees talk of meeting resistance among the school staff to the concept of counselling (except in the case of a child's attempted suicide) and of parents ignorant of the child's stress. They speak of staff with no empathy for a child's suffering and no understanding of client-counsellor confidentiality. They see the notion of the school staff taking a parental role as impossible in practice, and observe how boarders close down their emotions. All her counsellor interviewees underline the level of distress and trauma among their boarding student clients (Sherborne, 2017).

Nick Duffell pioneered the field of psychotherapy for boarding school survivors and has spent over thirty years researching and developing psychotherapeutic supports for ex-boarders. His book 'Trauma, abandonment and privilege', authored with Thurstine Bassett (2016) is an authoritative psychotherapeutic guide to working with ex-boarders. Jungian psychoanalyst Joy Schaverien has also carried out much research in this area. She published the book 'Boarding School Syndrome' in which she proposes a definition of the eponymous condition (Schaverien, 2015). Her book explains that children sent to boarding schools often cope with their sadness and loss by denying their feelings. This is a double bind for the child (Duffell & Basset, 2016; Houghton, 2018) - they know that them going to boarding school is especially important to their parents, they know their parents love them, yet they are miserable and cannot make it work for them - so the child feels they must have failed. Schaverien describes these feelings as a bereavement and points out that unlike other grieving, this feeling must be hidden by the child in order to survive in the boarding school environment.

As shown in the research into school counsellors, boarders typically disown or bury their vulnerability and create a new personality to compensate for this loss, and with which to face this new world. Duffell and Bassett name this a 'strategic survival personality'. Mair (2005) and Barclay (2011), both survivors, testify to this. Similarly, Schaverien identifies amnesia and dissociation suffered by these children. Both books attest to the broken attachments from being sent away, especially those who boarded from a young age. John Bowlby, the originator of Attachment Theory was sent to boarding school from age seven

and was apparently miserable there (Schwartz, 2003). Through years of research, Duffell & Basset (2016) have identified three types of strategic survival personality:

- Compliers or conformists, who deny the problems of boarding and identify with the school. These tend to thrive in institutions after school and tend not to seek therapy until forced to do so.
- Rebels, who tend to blame school and other forms of authority for all their ills.
- Casualties or the crushed, who often have suffered ill-treatment before boarding, and are thus unable to develop a competent survival personality. These unfortunate children are bullied and scapegoated.

In summary, we can see that there is no evidence that children entering boarding schools have a higher level of psychopathologies or other mental health difficulties than their coevals in the general population, and that data on children's mental health difficulties while boarding is sparse, but strongly suggests that many boarding children suffer mentally from being sent away. Moreover, there is solid research on former boarders and the challenges they face, for example the work of Nick Duffell (2000) and Joy Schaverien (2015), uncovering the deleterious effects of the boarding experience. Not all boarding school children are damaged by the experience, but Duffell's (2000) and Schaverien's (2015) writings contain numerous case studies of adults suffering grievously from the after effects of their boarding experience.

CHAPTER 3: PSYCHOTHERAPEUTIC SUPPORTS FOR BOARDING SCHOOL CHILDREN

Up until the late 1990s the discourse on boarding schools on children was generally positive, as exemplified by the fictional Hogwarts school (Rowling, 1997) with boarding schools being seen as tough but ultimately worthwhile. At this time a new discourse began to emerge, that of boarding schools causing deep and hidden damage to their child residents, through articles by psychotherapists (Duffell, 2000; Schaverien, 2004) and personal testimonies of trauma (Benson, 2022; Fry, 2000; McRae, 2020; Partridge, 2007; Stack, 2008). Nick Duffell's choice of a title for his first, groundbreaking book 'The making of them' (2000) is ironic and a deep challenge to the established discourse.

Only one organisation (*Boarding School Survivors » About Us*, n.d.) has developed and published a detailed guide for psychotherapists for healing boarding school trauma. Although the book by Schaverien (2015) describes in detail the condition that she names 'Boarding school syndrome' and provides a theoretical understanding for it, she does not propose a particular methodology for healing Duffell and Bassett (2016) propose the following tools for psychotherapists working with ex-boarders:

A. A motivation model named 'from survival to living'.
B. A procedural framework, the Recognition-Acceptance-Change (RAC) model.
C. Their typology of survival personalities.
D. A selection of theoretical understandings, beginning with Attachment Theory.

The Recognition-Acceptance-Change (RAC) model has three steps, as follows:

1. Recognition. The client may be slow to recognise the damage that boarding school has done - the ex-boarder’s therapist must become familiar with the ways that feelings are conveyed and re-concealed. There may be many false starts. The authors identify three sub-stages: i) acknowledging being wounded, ii) experiencing feelings about being sent away and iii) recognising survival behaviours.
2. Acceptance – that is, accepting the wound and realising that in developing a strategic survival personality, the child did the best they could.
3. Commitment to change. Beginning to substitute healthier behaviour patterns.

Duffel & Bassett note (2016, p. 161) that 'The most critical work is the weakening of the ex-boarder's reliance on their strategic survival behaviour'. The ex-boarder's strategic survival personality may manifest itself in the consulting room, with consequent challenges for the therapist. One risk reported in both books is of the client quitting therapy when their strategic survival personality is challenged.

CHAPTER 4: YOUNG OFFENDER INSTITUTIONS AND MENTAL HEALTH

For our purposes we define a young offender institution as a place of detention for the under-18s within a criminal justice system. These have a long history - in the UK and Ireland, child prisoners began to be treated differently to adults from the late 1700s and from the Victorian era, various attempts were made to provide children with a more rehabilitative and developmental experience of imprisonment than adults. In the USA the first juvenile courts were created in 1899 (Conrad & Schneider, 1992), and in Ireland and Britain, first reformatory schools and then Borstals (Bateman & Hazel, 2014; *Victorian Children in Trouble with the Law*, n.d.) were introduced.

In Ireland and the UK, the number of incarcerated children is low - from a total of over 3000 inmates aged 10-17 in England and Wales in 2003, by 2022 the annual average had fallen to below 500 (*Youth Justice Statistics*, n.d.). The majority of inmates are male: Ireland's Oberstown detention centre reported a population of 55 boys and one girl (Wayman, 2017). Some other countries seem happier to lock up children: the USA, with a total population five times larger than the UK, has around 100,000 incarcerated juvenile offenders (Himelstein, 2011; Teplin et al., 2002).

There is a long-established link between adverse childhood experiences and subsequent incarceration (Bowlby, 1944; Day et al., 2004) - indeed, a quarter of children in UK Borstals in the early 20th century were recorded as having drunken or criminal parents and almost half were recorded as having 'dead parents' (Menis, 2012). In the 21st century this is still

true: young people who come into the criminal justice system are typically from the most disadvantaged families and communities, with high levels of exposure to social and economic deprivation, neglect and abuse (Harrington et al., 2005; Rose, 2014). One author suggests broken attachments in earlier childhood as causing behavioural difficulties while incarcerated (Rose, 2014). The cycle is often perpetuated: around 25% of incarcerated youths in the USA become incarcerated adults (Snyder & Sickmund, 2006).

If children tend to have higher levels of mental illness at the time they enter youth prisons, many US studies show even worse mental health during their incarceration. Many studies have shown that a massive percentage of incarcerated young people in the USA suffer from mental illness (Lambie & Randell, 2013; Shelton, 2001; Tarolla et al., 2002; Wayman, 2017), as Figure 2 shows (Shelton, 2001).

Table 1. Psychiatric Disorders of Diagnostically Classified Youth in the Maryland Juvenile Justice System

Diagnostic classifications	*n*	percent[a]
Anxiety disorders	155	57.6
Disruptive behavior disorders	107	39.8
Schizophrenia or psychoses	86	32.0
Misc. disorders (tics, eating)	47	17.5
Affective disorders	45	16.7
Substance abuse disorders	100	37.2

Note: total sample *N*=312, total sample classified *N*=165.
[a]overlapping categories

Figure 1: Psychiatric disorders of incarcerated youths (Shelton, 2001)

Teplin (2002) reports that over 60% of incarcerated young males and 70% of females met the diagnostic criteria for at least one psychiatric disorder. Shelton (2001) found that 53% of incarcerated youth had emotional disorders. A meta-analysis from Fazel (2008) showed that

the percentages of incarcerated youths suffering from each disorder varied across different studies (due in part no doubt by differences in methodology and institution) but were uniformly elevated. There is no evidence that the USA is an outlier in this: Harrington et al (2005) find that 31% of UK young offenders suffer from depression, deliberate self-harm, post-traumatic stress, anxiety, psychosis, or hyperactivity, levels far higher than in the general population. Beyond diagnosed psychopathologies, research shows that youth offenders frequently harbour strong feelings of guilt or shame (Hosser et al., 2008).

One manifestation of the poor mental health of incarcerated young people is a higher suicide rate (Fazel et al., 2008; Shore, 2021; Wasserman et al., 2010). Heirigs (2019) states that suicide is the leading cause of death for these youths and that up to half of incarcerated youths experience suicidal ideation. One study stated baldly that incarceration is failing to meet the developmental and criminogenic needs of youth offenders and that one frequently named cause of high levels of mental illness is the poor level of mental health support available to many prisoners (Golzari et al., 2006). This is not simply a matter of inadequate laws: a report by the Howard League states that in this context, while legal obligations on UK youth custody institutions exist, the 'rights and entitlements of this group are rarely adhered to' (*Education inside Penal Detention for Children in England: An Overview*, 2022). One cause is a dichotomy between the need to punish, and the need to support development: Kessler and Kraus, in reviewing the establishment of mental health courts in some US states, report that mental health and juvenile justice systems are typically siloed and poorly coordinated, to the detriment of the inmates (Kessler & Kraus, 2007).

Unfortunately, the published data on mental health challenges faced by former youth prisoners is sparse, however we know that on release from detention, some young people have high rates of overall health issues (Golzari et al., 2006), typically with numerous mental health challenges. Notably, worse mental health is linked with higher rates of violent recidivism in men (Chang et al., 2015). In countries without universal healthcare (e.g. the USA) former prisoners have difficulty accessing the healthcare that they need, with consequential effects on recidivism (Golzari et al., 2006). The England and Wales Health Justice Board recognises this and has recently introduced a new key performance indicator from April 2023, measuring the percentage of children who have a healthcare need at the time of their release, and how those needs are met (*Key Performance Indicators for Youth Justice Services*, 2023). In summary we can see that children entering youth custody have a far higher rate of psychopathologies than their coevals outside, and we know that this group suffers far higher levels of adverse childhood experiences before incarceration. They also suffer high levels of mental illness whil incarcerated.

CHAPTER 5: PSYCHOTHERAPY SUPPORTS FOR INCARCERATED YOUTHS

The public discourse around young offenders has been split between punishment ('Lock up the Yobs', 2008) and rehabilitation (Carolan, 2021), since efforts to break the cycle of offending began in the 19th century (Urwin, 2018). Urwin discusses at length the tension between society's desire for control of these young prisoners and its desire to rehabilitate them through care (see also Wayman, 2017 for an example). However, the stated objective of rehabilitative programmes is usually the reduction of recidivism rather than improving inmates' quality of life (Hosser et al., 2008; Jewell et al., 2015; Lancaster et al., 2011; Winkotur Early et al., 2013). Many institutions nevertheless fail to achieve this objective: three quarters of young men released from prison in the UK will reoffend within two years (Stubbs & Hart, 2020).

Psychotherapy has been practiced with incarcerated youths for many years - in the USA from the 1940s (Newkirk, 1943) - and is well documented. In the UK, there has been a gradual shift away from punishment of children towards treatment (Urwin, 2018), and much research has been carried out into the effectiveness of different therapeutic approaches for young offenders. The research can be divided into three categories: i) papers on traditional therapeutic methods such as CBT, ii) research into new or less popular psychotherapeutic methods, which tends to be carried out by proponents of the new method and generally report positive outcomes for it, and iii) meta analyses. Of these three categories, the meta analyses are perhaps the most useful in showing which psychotherapeutic interventions

work best with youth prisoners (Harrington et al., 2005; Himelstein, 2011; Hollin, 1999; Lipsey, 2009; Stubbs & Hart, 2020; Tarolla et al., 2002; Viljoen et al., 2016), however Himelstein notes that studies on depth-oriented psychotherapy methods are sparse – he then goes on to propose an existential-humanistic approach (2011). Notably, one meta analysis compared the success of counselling with that of other approaches in reducing recidivism, and found counselling to be the most successful intervention overall (Lipsey, 2009). But which is the best psychotherapeutic methodology?

A number of studies have reported success with different variants of group therapy (Biggam & Power, 2002; Ovaert et al., 2003; Viljoen et al., 2016) and a meta analysis by Lipsey (2009) reports group therapy to be the most successful type of psychotherapy in reducing recidivism. However, Viljoen notes the risk of peer contagion of negative behaviours if low-risk youths are placed in the same groups as high-risk youths, and Hersko finds that for success with incarcerated young females, therapeutic goals and techniques must be adjusted (Hersko, 1962).

Family therapy has shown positive results (Celinska et al., 2013; Simons et al., 2017; Winkotur Early et al., 2013). This has the benefit of reconnecting the young person with their home life, and potentially addressing factors in within the youth's family that contribute to their challenging behaviour. It is described as a promising treatment for antisocial behaviour in young people (Harrington et al., 2005). However, a meta analysis of family therapy programmes concluded that some of the research is of poor quality and that more thorough research is needed (Latimer, 2001). Tarolla (2002) considers Multi-System Therapy (MST) (an approach where the child is viewed within the context of wider systems,

e.g. the family and peer group) as related to family therapy, because they both view the child in the context of external systems. To date, most of the research on MST has been carried out by a small group of researchers (Borduin et al., 1995; Klietz et al., 2010) This therapy is described as expensive (Cuellar & Dave, 2016) and difficult (Harrington et al., 2005) to implement.

As noted earlier, many incarcerated young people suffer from depression. Cognitive Behaviour Therapy (CBT) has found success with mild to moderate cases in these institutions (Harrington et al., 2005). A study of CBT effectiveness tracked participants' recidivism seven years after release and found CBT to be beneficial over the longer timescale (Jewell et al., 2015), and the related methodology of Dialectical Behaviour Therapy (DBT) was found successful by Shelton (2001) for incarcerated adolescents who are difficult to manage.

Beyond the specific therapeutic methodologies for incarcerated children, various studies have explored different practices to improve success rates or to get better value for money. The Risk-Need-Responsivity model recommends that i) therapeutic efforts are concentrated on those showing the highest risk of reoffending, ii) that therapy responses be matched to the criminogenic needs of each individual, and iii) interventions be matched to an individual's characteristics (Bonta, J., & Andrews, D.A. (2016). The Psychology of Criminal Conduct (6th ed.). Routledge, quoted in Viljoen et al., 2016). Hollin (1999) echoes these points and adds that interventions should be linked to the offender's home community (Hollin, 1999). As Stubbs and Hart explain, social as well as individual processes should be attended to (Stubbs & Hart, 2020).

CHAPTER 6: DISCUSSION

As children grow towards adulthood they face questions of who they are and who they will be as adults. Erikson's fifth stage, of Identity vs. Role Confusion reflects this change. Erikson sees adolescence as a psychosocial moratorium - where the child postpones commitment and can explore different roles (Erikson & Erikson, 1998), resulting in the adolescent's identity formation. Perhaps if children are sent away from the (normally) moderating influence of family at this crucial time, they may explore riskier roles and adopt more extreme identities. Erikson also describes this period as a psychosocial crisis of industry versus inferiority, where the child learns how to function. He states that a sense of inferiority can drive the child on but that inferiority can also create a pathology - causing excessive competition or inducing the child to regress to a pre-oedipal stage. In the hothouse environments of these institutions, perhaps this explains some of the pathologies acquired by adolescents. Vygotsky too saw learning as a social and cultural process (Wertsch & Tulviste, 2005), where children learn from older or more adept children. Clearly, in these tougher environments a child will learn what is useful to survive, instead of what they would have learned if living at home.

Bronfenbrenner's theory of human developments posits that 'development never takes place in a vacuum; it is always embedded and expressed through behavior in a particular environmental context' (Bronfenbrenner, 1996). He pictures the child’s environment as a series of concentric structures. The first, the Microsystem is the child's immediate setting (their home, school, sports club etc.). The second, the Mesosystem describes the interactions between these settings, e.g. a child's parent attends a meeting in the school.

Bronfenbrenner finds that ‘the capacity of a setting-such as the home, school, or workplace-to function effectively as a context for development is seen to depend on the existence and nature of social interconnections between settings, including joint participation, communication, and the existence of information in each setting about the other’ (Bronfenbrenner, 1996, p. 5). Clearly, in a day school the parental microsystem interacts frequently with the school microsystem (schoolfriends visiting the home, notes sent home by the school, parents’ WhatsApp groups, school gate interactions, parent-teacher meetings, etc.) whereas when a child is sent away, the child’s daily life is much more opaque to the parents. Ireland’s Youth Justice Strategy 2021-27 recognises this fact and sets a guiding principle of involving parents and families as much as possible (*Youth Justice Strategy 2021-2027*, 2021).

Bronfenbrenner also describes changes in a child’s environment as 'ecological transitions' and sees them both as consequences and instigators of developmental processes (Bronfenbrenner, 1996, p. 27). Clearly, the well-documented trauma of the child being taken from their family and peer group at a young age and sent to an institution with a new peer group will be a significant ecological transition and will disrupt the child’s development.

Those who study residential institutions point out that prisons and boarding schools serve similar functions – that of social control (Foucault, 2012; Wakeford, 1969), of dictating the relations between people and of shaping their identities by the rules of the institution. Goffman refers to (inter alia) boarding schools and prisons as ‘total institutions’ and describes how the new entrant’s self is mortified and replaced by a new set of beliefs about

themselves and significant others (Goffman, 2022). Foucault also describes boarding schools as ‘the most perfect’ regime (2012, p. 141). Indeed, actor Stephen Fry reports that survival behaviours learned in his boarding school allowed him to survive a stint in prison (Fry, 2000). In neither institution are the residents accorded significant agency or respect although of course incarcerated young offenders have overall far less agency even than boarders.

We have discussed how residents of both boarding schools and young offender institutions have higher levels of diagnosed mental illnesses – however we should be careful of treating young offenders’ mental problems as illnesses. Harwood identifies conduct disorder and antisocial personality disorder in particular as problematic (Harwood, 2005) in this context. The psychopathologising of social problems distracts us from the social structures that can cause these ills, and the fundamentally unequal way that we treat the disadvantaged in society (Conrad & Schneider, 1992). This premise is supported by a NICE Guideline (*Overview | Antisocial Behaviour and Conduct Disorders in Children and Young People*, 2013) describing targeted non-medical interventions that may prevent the development of certain psychopathologies.

Any mental health support for children while resident in a boarding school or institution is provided by the institution (or a charity). However, the similarities end there. In psychotherapy for young offenders the overarching objective is the reduction of recidivism, and psychotherapeutic support is typically focussed by the institution on that goal. In For boarders, psychotherapeutic supports are only available in those schools that offer them, and to those children who request them (and whose parents will pay).

Once incarcerated young offenders have done their time and are released from custody, the supports provided by the institution or the state typically dry up, leaving the person to cope with their trauma alone or to rely on charities, with negative consequences for themselves and for society. As one might expect, for former boarders, no state supports exist – however, ex-boarders and their families tend to have better financial resources, and private organisations have sprung up to meet the specialised psychotherapeutic needs of ex-boarders.

CHAPTER 7: CONCLUSION

This literature review has explored the psychosocial and emotional difficulties experienced by children in two settings - boarding schools and young offender institutions. It has shown that although there is limited data on the psychopathologies suffered by boarding school children, the mental suffering of many of them is well documented and continues after leaving school, although this group tends to fare well economically. For children in young offender institutions, the psychopathologies – both those pre-existing and those observed during incarceration - are well documented. Limited information on former residents of young offender institutions suggests that mental health problems dog this group on leaving, leading to recidivism.

Detailed therapeutic interventions have been developed for ex-boarders, and anecdotal evidence attests to their value in helping boarding school survivors to heal, though their effectiveness has not been measured in independent research. For children in young offender institutions, the value of therapeutic interventions in reducing recidivism is well known and many therapies have been researched. Overall, this study has found that the residents of both institutions suffer ill effects from being sent away, and that in both cases the care available should be improved – in particular for boarders while in school and post-release for those incarcerated in young offender institutions. However, while comparing these two groups of children we should keep in mind that outcomes are generally far worse for those locked up by the criminal justice system than those sent away to boarding schools.

This paper contains some limitations: almost all the research on the mental health effects of boarding schools has carried out in the UK, whereas research on the effects of young offender institutions has been carried out in many countries with the USA predominant. Within juvenile detention centres there are other non-psychotherapeutic activities designed to support the inmates, including educational approaches and pharmacological treatment which are not discussed here. Some residential institutions for children fall outside the scope of this study, including the so-called ‘Indian boarding schools’ for First Nations children e.g. in the USA (Manson et al., 1989), 'wilderness therapy' institutions in the USA (Okoren, 2022), secure children’s homes where children are detailed for their welfare (Rose, 2014) and church-run residential children’s institutions in Ireland (O’Fátharta, 2019). Also, as we have seen in this literature review, nearly all the research around the mental wellbeing of boarding school children has been carried out on ex-boarders, whereas nearly all the research on young offenders takes place while they are still incarcerated. Future studies including primary (and ideally quantitative) research on the two groups would allow detailed comparisons to be made and further inferences to be drawn, including potentially lessons for psychotherapy professionals. Perhaps such research would encourage the development of psychotherapy supports for former inmates of youth detention centres. Perhaps too, comprehensive psychotherapy supports in boarding schools might go some way to reducing the number of ex-boarders needing support. It is perhaps too much to hope that the very existance of these institutions be called into question.

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