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ISSUE BRIEF:

Mental Health and Juvenile Justice: A Review of Prevalence, Promising Practices, and Areas for Improvement

Liann Seiter

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The National Technical Assistance Center for the Education of Neglected or Delinquent Children and Youth

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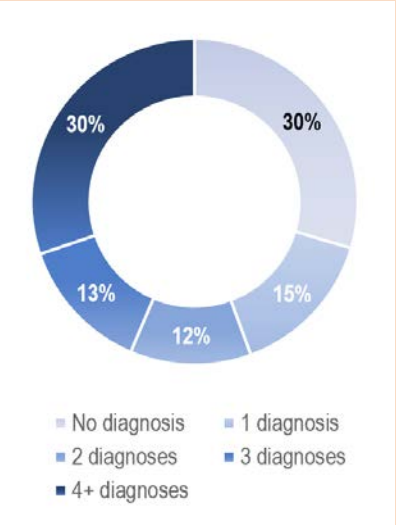
Prevalence of Mental Health Issues Among Youth in the Juvenile Justice System

Although the terms *mental illness* and *mental health disorder* are often used interchangeably, there is *a subtle difference between these terms.* A **mental health disorder** involves a change in thinking, mood, and/or behavior. Mental health disorders can take different forms. Some mental disorders consist of extreme levels of anxiety, excessive changes in mood, reduced ability to behave appropriately, unwanted or intrusive thoughts, or even visual hallucinations or false beliefs about reality. **Mental illness** refers to a diagnosable mental disorder. Formal diagnosis of a disorder often depends on the inability of the individual to function as a result of the disorder (Substance Abuse and Mental Health Services Administration, n.d.).

Research confirms that the majority of youth in juvenile justice secure care settings meet the criteria for at least one mental health disorder, with as many as 7 in 10 youth in these settings living with mental illness (Shufelt & Cocozza, 2006). This prevalence among youth in juvenile justice settings is significantly higher than among their age-equivalent peers. Studies show that roughly 20 percent of youth ages 13–18 in the general population have mental illness (Merikangas et al., 2010). Further, the prevalence of conduct disorders among delinquent youth is 10 times higher than estimates among nondelinquent youth in the community (Fazel, Doll, & Langstrom, 2008). Although the presence of a mental health disorder does not necessarily explain or lead to delinquent or criminal behavior, research examining the relationship between mental health disorders and crime has shown that youth with at least one mental health disorder report committing a disproportionate amount of criminal or delinquent acts (Coker, Smith, Westphal, Zonana, & McKee, 2014).

Multiple diagnoses. Not only are youth in juvenile justice settings more likely to have a mental health diagnosis, but many of these youth experience symptoms of multiple mental health disorders. Research has shown that more than three-quarters of youth in the juvenile justice system diagnosed with at least one mental health disorder live with more than one disorder (Shufelt & Cocozza, 2006). Further, when comparing youth with up to three diagnoses, greater numbers of diagnoses were associated with a greater likelihood of committing a crime (Coker et al., 2014). Youth with multiple mental health disorders present unique challenges to juvenile justice settings, as their needs are typically greater than the needs of youth without mental illness. Responding appropriately to these increased needs requires effective interagency and departmental collaboration, continuity of care, and the recruitment and retention of qualified mental health and related service providers who are able to effectively treat multiple disorders (Shufelt, Cocozza, & Skowyra, 2010).

The majority of youth in juvenile justice settings have at least one diagnosed mental health disorder.*



**Adapted from Coker et al., 2014*

The prevalence of mental illness among youth in juvenile justice settings is much higher than in the general population.

2 in 10 youth ages 13–18 in the general population have a mental illness.

7 in 10 youth in juvenile justice have a mental illness.

Types of disorders among youth in juvenile justice settings. The types of disorders among youth in juvenile secure care vary. Studies have found conduct disorder and substance use disorder (alcohol and drugs) to be among the most common mental health issues for youth in secure care (Coker et al., 2014). Mood disorders (e.g., depression and bipolar disorder), anxiety disorders (e.g., panic disorder, generalized anxiety disorder, obsessive-compulsive disorder), disruptive behavioral disorders (i.e., problems with self-control of emotions and behaviors), and trauma (e.g., post-traumatic stress disorder) are also prevalent among youth in juvenile justice settings (Abram, 2016). Another study indicated that 3 percent of the juveniles in detention had a psychotic illness, which is 10 times more than youth in community (Fazel et al., 2008). Research also reveals that youth with mental health disorders in juvenile justice settings are at greater risk for self-harming behaviors and suicide (Teplin et al., 2013).

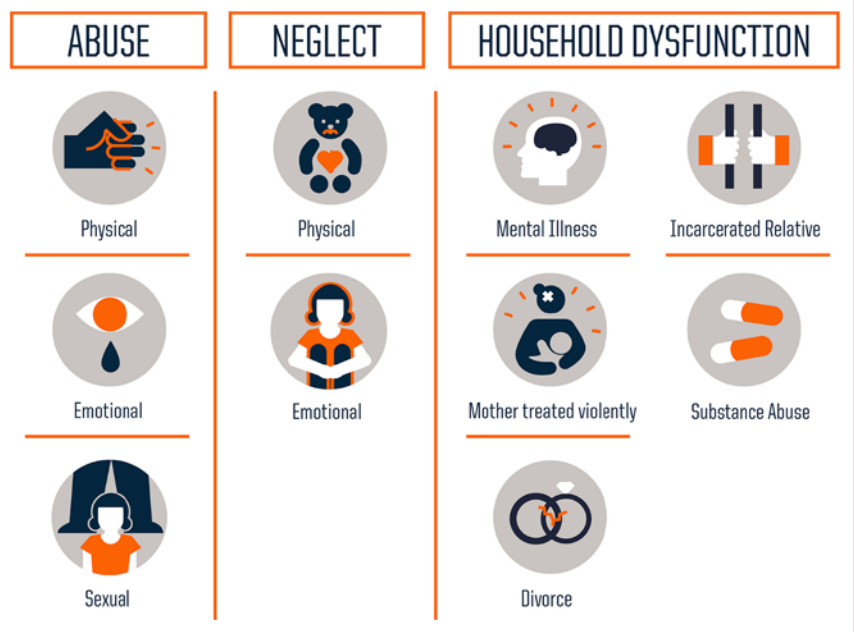
Trauma and Juvenile Justice Settings

Many youth in juvenile justice settings have experienced adverse childhood experiences (ACEs), which are stressful or traumatic events that happen to or around a young person. These may include direct emotional and/or physical abuse or neglect or sexual abuse; witnessing domestic abuse; household substance use disorders or mental illness; parental separation or divorce; or having an incarcerated parent or other household member (Baglivio et al., 2014; Felitti et al., 1998). Researchers have found that ACEs can have lasting effects on risky behaviors, chronic illness, and development of mental health and substance use disorders in adults (Centers for Disease Control and Prevention, 2016). Research has also shown that youth in the juvenile justice system report higher rates of adversity and trauma when compared to youth in the community (Dierkhising et al., 2013) and are more likely to have experienced multiple forms of trauma (Abram et al., 2004; Baglivio et al., 2014; Dierkhising et al., 2013). A 2014 study found that 97 percent of sampled youth in juvenile justice settings reported one or more ACEs. Of these, 90 percent reported at least two ACEs, nearly 75 percent reported at least three ACEs, more than 50 percent reported at least four ACEs, and nearly 33 percent reported five or more ACEs.

Traumatic experiences in childhood disrupt aspects of brain and personality development in children and adolescents and compromise their ability to self-regulate (Ford, Chapman, Hawke, & Albert, 2007). Research has demonstrated that ACEs can affect the self-regulatory areas and pathways in the brain, specifically the prefrontal cortex and the neural pathways between the prefrontal cortex and the amygdala (Anda et al., 2006). Researchers suggest that youth exposed to trauma are less likely to be able to self-regulate, which increases their likelihood for behavior issues and risk-taking, which can lead to a greater likelihood that they will become delinquent, abuse substances, and/or self-injure (Evans-Chase, 2014).

When staff in juvenile justice facilities have a greater understanding of the mechanisms through which trauma leads to delinquent behavior, staff should be prepared to address trauma among the youth in their care. First, juvenile justice facilities should screen all youth in juvenile justice settings for a history of trauma. Facilities should use a validated screening instrument such as the Massachusetts Youth Screening Instrument-Version 2 (MAYSI-2), Traumatic Events Screening Inventory, PTSD Reaction Index, or the Trauma Symptom Checklist for Children. Youth identified as having potential trauma histories should be further assessed (Ford et al., 2007). All mental health treatment provided in juvenile justice settings should consider the effects of ACEs and focus on supports and services that build resilience and assist youth with self-regulation skills. Research shows that both juvenile justice staff and mental health staff in juvenile justice settings should receive additional training in working with youth who have experienced trauma (Donisch, Bray, & Gewirtz, 2016; Evans-Chase, 2014; Rapp, 2016).

There are three main types of adverse childhood experiences (ACEs):



Source: Centers for Disease Control and Prevention.
Credit: Robert Wood Johnson Foundation:
http://www.rwjf.org/en/library/infographics/the-truth-about-aces.html

Impact of Increased Mental Health Needs on the Juvenile Justice System

Youth advocates indicate that it is more effective for youth with mental disorders who have committed minor offenses to receive treatment through community-based mental health providers rather than entering the juvenile justice system (Grisso, Vincent, & Seagrave, 2005). However, youth who suffer from complex mental health issues, such as educational, developmental, and behavioral challenges in addition to psychological issues, can be perceived as overwhelming to mental health practitioners. Many community service providers refuse to see youth who are delinquent because they perceive these youth as dangerous or violent (Cocozza, Skowyra, Shufelt, 2010). Unfortunately, many communities may still rely too much on the juvenile justice system for the provision of mental health services. A 2010 survey found that more than a third of parents of youth in the juvenile justice system reported that their child was placed in a juvenile justice setting because mental health services were not available in their community (Cocozza et al., 2010). However, other research shows that as few as 20 percent of youth in the juvenile justice system diagnosed with a mental disorder ever receive mental health services once in placement (Burke, Mulvey, & Schubert, 2015). One possible contributing factor to the lack of mental health services in juvenile secure care settings is inadequate screening and assessment. Unfortunately, mental health professionals working with youth who are delinquent often recognize psychosocial problems or developmental problems but do not refer the affected youth for services because they do not meet symptom criteria for a

disorder (Zeola, Guina, Nahhas, 2017). Regardless of real or perceived barriers, it is critical that juvenile justice agencies recognize the role they play in mental health care and ensure that they have the resources, including partnerships with high-quality providers, to meet the mental health needs of the youth under their supervision.

Research shows that youth in juvenile justice settings who receive mental health services benefit greatly from the treatment they receive. A 2017 study on juvenile recidivism found that youth who were referred to mental health services within juvenile justice settings had lower rates of recidivism and the time between recidivism was significantly longer (Zeola et al., 2017). Although the researchers discovered that Black youth experienced higher rates of recidivism and shorter time to recidivism compared to White youth generally, this difference disappeared among those youth who were referred to mental health services, indicating a profound positive effect of mental health services (Zeola et al., 2017). Despite the cost savings associated with providing mental health services to youth who are delinquent, such services are often not a priority in juvenile justice settings (Cocozza et al., 2010).

Recommendations

There are several points within a youth's typical experience or contact with the juvenile justice system where justice systems can better support youth with mental health needs (Cocozza et al., 2010). The following are suggestions for improving mental health services for youth involved or at risk of involvement with the justice system.

Prevent initial justice system involvement. To help prevent unnecessary involvement in the juvenile justice system, mental health services should be more readily available to youth prior to entering the juvenile justice system. Rather than relying on school resource officers, it is often more effective to have mental health responders within schools, as many behavioral issues presented by youth in the school setting are manifestations of their mental health issues. In some communities, law enforcement agencies are partnering with professionals from community mental health agencies to improve the overall response to crises involving individuals with mental health needs through Crisis Intervention Team (CIT) and related training. Providing co-training to police and mental health professionals on how to respond when a person with a mental health diagnosis is in crisis is another effective way to improve the overall outcome of the contact between the police and youth. Finally, communities can provide a community center where police can take youth for mental health services and supports. These community centers would serve as an alternative to arresting the youth and delivering him or her to detention (Cocozza et al., 2010).

Improve mental health screening and assessment in juvenile justice settings. The first step to providing effective mental health services to youth who enter juvenile justice settings is formalized screening and assessment. Although it may not be feasible to complete an in-depth mental health assessment for all youth who enter the system, all youth should be screened into broader categories, such as youth who are likely to have mental health issues and those who are not likely to have these issues. Those youth who are considered to be at higher risk for mental health concerns should receive a more in-depth assessment to identify any existing mental health disorders. It is critical that any assessment tools used should be validated and appropriate for use with children and youth (Grisso et al., 2005).

Mental health professionals providing mental health screening and assessment should be given additional training on the unique needs of youth in juvenile justice settings (Grisso et al., 2005; Zeola et al., 2017). Research indicates that, among youth in juvenile justice settings, Black youth have the highest rates of mental health illness; however, Black youth, and particularly Black males in juvenile justice settings are less likely to receive mental health treatment (Baglivio et al., 2017; Zeola et al., 2017). This disparity in services for Black youth may indicate bias among the screeners or it could simply result from the fact that Black youth are less likely to disclose mental health concerns (Baglivio et al., 2017; Zeola et al., 2017). To improve screening practices for youth, staff should be professionally credentialed screeners who use culturally appropriate questions and explanations regarding mental health. Further, screeners should be supervised by other licensed professionals and receive specific training on mental health interviewing and reasons why youth who are delinquent may be reticent to report mental health concerns (Zeola et al., 2017). Screening and assessment can provide an opportunity to better inform youth about the symptoms they are experiencing, common experiences of people with similar symptoms, and effective methods of treatment and their benefits. Studies have shown that the vast majority of youth in juvenile justice settings with a mental health disorder report experiencing at least one barrier to accessing mental health services while in care. The most common barrier reported was the youth's belief that their problems would go away on their own or that they could solve the problems themselves without help from others (Teplin et al., 2013). Consequently, effective screening and assessment should include time for staff to explain the results of the screening or assessment, discuss the specific symptoms a youth is experiencing, describe the need for treatment, and answer any questions the youth may have. Providing information about mental health diagnoses and their impact is particularly important for Black youth to combat their disproportionally low likelihood of seeking and/or receiving mental health treatment (Zeola et al., 2017).

Improve mental health treatment for youth in juvenile justice settings. Psychotherapy for youth in juvenile justice settings should aim to help youth better understand their specific symptoms, the impact of the exposure to trauma, stressors or triggers, social skills development, problem-solving skills, and how to improve family dynamics. When possible, treatment should involve family, friends, and/or clergy or other responsible and caring adults in the youth's life. Psychotropic medication should only be used as part of a comprehensive treatment plan under the care of a licensed psychiatrist. Additionally, mental health providers are often unaware of the home and community environments from which youth who are delinquent come. Therefore, additional training should increase the provider's understanding of stressors and traumas within a social-cultural context (Zeola et al., 2017). Further, treatment initiated in the juvenile justice facility should not stop when the youth leaves the facility; each youth who receives mental health treatment should be supported during reentry into the community. Facilities should also provide youth with referrals to community-based mental health providers to allow for continuity of treatment after leaving placement (Zeola et al., 2017).

Improve education and related services for youth with mental health disorders. Educators in juvenile justice settings should be aware that mental health disorders could affect students' classroom learning and social interactions. In order for educators in juvenile justice settings to be effective, they should receive additional training on recognizing mental health issues, common learning difficulties and behavioral problems that arise from such conditions, and best practices for curricula and instruction as well as managing behavior without the use of punitive measures. It is important that educators and support staff are equipped with a range of responses and interventions based on the individual needs of each youth affected by mental health disorders and that they are trained to be flexible in order to provide more or less support as needed (Association for Children's Mental Health, 2017).

So that juvenile justice facilities can better understand each student's history and plan for appropriate classroom placement and necessary academic and related supports, facilities should obtain the personal and academic records for each youth entering the facilities in a timely manner (Osher, Penkoff, Sidana, & Kelly, 2016). To further aid educators in juvenile justice settings in effectively serving youth with mental health disorders, formal policies and procedures should be created to also facilitate the exchange of information between educators and mental health practitioners to ensure that each is on the same page in terms of a youth's needs and outcomes.

Promote collaboration among mental health and juvenile justice. Although mental health providers and juvenile justice facility staff may have differing philosophies about treatment for youth who are adjudicated, close communication and collaboration between these providers can help establish shared and complimentary goals and leverage available resources to meet the needs of these vulnerable youth (Cocozza et al., 2010). Some of the barriers to collaboration among these partners include a lack of formal service protocols, loose or no working relationships or collaborative structures among the separate agencies or departments, large mental health caseloads and high rates of staff turnover, and separate funding streams, which makes blending and braiding of funds difficult (Cocozza et al., 2010; Kapp, Petr, Robbins, & Choi, 2013). However, some factors help promote collaboration, including common clients and goals; formal policies, procedures, and structural mechanisms; and staff's personal characteristics (Kapp et al., 2013). In addition, the following practices promote collaboration among mental health service providers and juvenile justice facility staff:

- Address informed consent issues across mental health practitioners and juvenile justice staff.
- Sponsor joint social events in which staff and their families can get to know each other on a more informal basis.
- Use "boundary spanners," such as hiring liaisons or coordinators, to facilitate agency/department linkages.
- Involve facility education, security, and support staff early in the treatment planning process.
- Establish formal mechanisms for information sharing while maintaining confidentiality requirements.
- Co-train and co-locate staff across agencies and departments.
- Develop shared program manuals.
- Provide targeted staff training focused on mental health.

Through greater communication and collaboration between mental health and other juvenile justice facility staff, the facility as a whole can work toward the shared goal of ensuring treatment, education, and related success for youth with mental health disorders in secure care.

Conclusion

The majority of youth in juvenile justice suffer from mental health issues. Many have had traumatic childhood experiences that may have contributed to delinquent behaviors. Although youth with mental health disorders would benefit most from receiving mental health services in their community, many communities rely on juvenile justice systems to address mental health needs. Research has shown that, when youth who are delinquent receive effective mental health treatment, their overall outcomes improve and rates of recidivism decrease. To effectively meet the needs of youth with mental health issues in juvenile justice settings, better screening and assessment practices should be used to identify and understand needs and plan treatment. In addition, the treatment provided should be tailored to each youth's unique needs, including educating youth about the impact of their mental health disorders and the benefits of treatment. Finally, agencies that serve youth who are delinquent should work together to eliminate service gaps and redundancies, leverage limited resources, and adopt common goals for effectively serving youth with mental health needs in juvenile justice settings.

Mental Health Resources

The following resources provide information about mental illness and mental health disorders.

MentalHealth.gov
https://www.mentalhealth.gov

Through this website, the U.S. Department of Health and Human Services provides general information about mental health disorders; suggestions for obtaining mental health services; and tips for those suffering from mental health disorders, their families, educators, and community leaders.

The National Alliance on Mental Illness
https://www.nami.org

In addition to other tasks, this organization educates the public about mental health through several infographics and fact sheets available on their website.

National Institute of Mental Health (NIMH)
https://www.nimh.nih.gov/health/topics/

NIMH's website provides information about the signs and symptoms, risk factors, and treatment of many mental health illnesses.

Substance Abuse and Mental Health Services Administration (SAMHSA)
https://www.samhsa.gov

Through its website, SAMHSA offers data, research, and free publications on behavioral health and substance abuse disorders.

Youth.gov
http://youth.gov

This government-sponsored website includes information about and links to a variety of resources related to the topics of mental health, substance abuse prevention, and suicide prevention.

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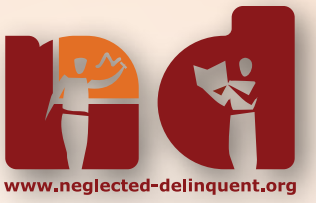

The National Technical Assistance Center
for the Education of Neglected or Deliquent Children and Youth

American Institutes for Research
1000 Thomas Jefferson Street, NW
Washington, DC 20007-3835

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