Mental Health in the Juvenile Justice System

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The Issue

Youth in the juvenile justice system are two to three times more likely to suffer from a mental health disorder than youth in the general population.\(^1\) Although statistics vary, studies have cited that up to 75% of youth in the juvenile justice system suffer from a mental health disorder, with at least 20% of these youth struggling with disorders that are so severe that their “ability to function is significantly impaired.”\(^2\) One of the most thorough and relevant studies to date was conducted by the National Center on Mental Health and Juvenile Justice (NCMHJJ) and sampled 1,437 youth in three different states and in three unique juvenile justice environments: detention, corrections, and community-based programs. Females were more prone than males to be diagnosed, 81% for females versus 67% for males. Significantly, of those who were originally diagnosed with a disorder, 79.1% of those youth were also suffering from at least one other mental health disorder. Approximately half of all adolescents who receive mental health services are reported to have a co-occurring substance abuse disorder (80% of juvenile arrests have substance abuse and addiction problems).\(^3\) Consequently, youth with mental health disorders face challenges in learning. Thus, it is important for the ND community to understand the difficulties mental health issues pose, and that there are a number of resources available to help the ND community effectively address this issue.\(^4\)

The Growing Sense of Crisis

While once largely undocumented and misunderstood, mental health issues of youth in the juvenile justice system have gradually been receiving greater media and research attention. Interested parties now include not only the juvenile justice/mental health system, but the media, advocacy organizations (e.g., Federation of Families), philanthropic organizations (e.g., MacArthur and Casey), as well as federal agencies (e.g., OJJDP, Department of Justice).\(^5\)

This issue has reached a level of critical importance for many reasons. For one, studies have shown that the number of youth with mental disorders in the juvenile justice system has been notably increasing. The Texas Youth Commission cited a 27% increase in the number of inmates with disorders from 1995 to 2001. The vast majority of these youth enter with minor, non-violent offenses. Moreover, there is growing concern that the juvenile justice system has evolved into a system of “last resort” in which parents enter their children into the system precisely to receive medical treatment not otherwise available to them.\(^6\) This process is often referred to as the “criminalization of the
mentally ill,” and is highlighted by the fact that in a recent government survey 33 states reported holding youth with mental illness without any charges against them (see Figure 1). A 2001 study by the U.S. General Accounting Office (GAO) noted that some 12,700 children entered the child welfare or juvenile justice systems in order to receive medical treatment.7

Figure 1. Juvenile Detention Facilities in 33 States Report Holding Youth with Mental Illness Without Any Charges Against Them

 Signs of Improvement

Despite these negative trends, there are a number of positive signs. Mental health screening and tests are now widely viewed as integral components of the juvenile justice system. The two most common tests are the MAYSI-2 and V-DISC (Voice DISC).8

Another positive development is the increased and improved use of psychosocial interventions, such as cognitive behavioral therapy and dialectical behavior therapy (one such approach—Multisystemic Therapy—is elaborated on below).

Additionally, juvenile justice and mental health professionals are working collaboratively with greater frequency to develop a more systematic approach to this issue.9 Examples of this collaboration, which is often called integrated systems of care, are:

- **WrapAround Milwaukee**
  [http://www.milwaukeecounty.org/WraparoundMilwaukee7851.htm](http://www.milwaukeecounty.org/WraparoundMilwaukee7851.htm)
- **Project Hope, RI**
  [http://www.ncmhjj.com/Blueprint/programs/ProjectHope.shtml](http://www.ncmhjj.com/Blueprint/programs/ProjectHope.shtml)
- **Texas’ Special Needs Diversionary Program**
What Type of Resources Exist for Addressing Mental Health in the Juvenile Justice System?

A systematic solution for dealing with mental health issues can be found in *Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System*. Funded by a joint grant given by OJJDP to the National Center for Mental Health and Juvenile Justice and the Council of Juvenile Correctional Administrators, the blueprint not only is the most extensive review of the research literature on this issue, but it also synthesizes the information and articulates a Comprehensive Model for offering the most effective mental health services to youth in contact with the juvenile justice system.\(^{10}\)

There are four basic components to the model: collaboration, identification, diversion, and treatment. The model stresses the necessity of promoting better collaboration between the juvenile system and mental health systems, improved and widespread tools and strategies for identifying mental health disorders in youth, increased diversion of youth to more community-based mental health treatment, and access to effective treatment.\(^{11}\)

The blueprint identifies six Critical Intervention Points that shape a youth’s experience (starting on page 45 of the *Blueprint*—see link below):

1. Initial Contact with Law Enforcement
2. Intake (Probation or Juvenile Court)
3. Detention
4. Judicial Processing
5. Dispositional Alternatives (Juvenile Correctional Placement of Probation)
6. Re-entry


**Multisystemic Therapy**

A specific intervention strategy that is highly regarded by researchers and practitioners is Multisystemic Therapy (MST), a cognitive-behavioral treatment that has shown dramatic results across all populations and in multiple settings.\(^{12}\) MST focuses its intervention strategy on fostering a positive and involved relationship between the therapist and the targeted youth. A key component is that all services are provided in community settings (e.g., home, school, neighborhood center). All therapists have very small caseloads—working with four to six families—and work with a team, resulting in 24/7 support for youth. The emphasis is on building a bridge to the parents and actively involving them in the treatment. Parents and therapists jointly identify natural support systems (family, neighbors, friends) and work to remove potential obstacles (substance abuse, high stress, poor relationships with parents). MST views youth as part of many different “interconnected systems,” including the nuclear family, extended family, peers, school, neighbors and community at-large. MST analyzes youths’ reciprocal relationships within
these interconnected environments to identify all potential risk factors. Typically lasting 60 hours over a four month period, MST strives to empower the family to shape the treatment goals for the targeted youth. One study cited the cost of MST per youth to be $4,000. While that price is high, a cost analysis showed the initial price was eventually offset by the savings incurred over time, as well as the “superior clinical outcomes.”

For more empirical information on the effectiveness of MST, see:

For specific information on the important role of the family, see:

Resources Available to Help Provide Mental Health Services
In addition to the Blueprint for Change and Multisystemic Therapy, there are a number of other approaches and resources listed below available to the ND community.

Technical Assistance Partnership
http://www.tapartnership.org/advisors/juvenile_justice/the_juvenile_justice_pagePD.asp
Juvenile Justice & Mental Health Guide by Joyce Burrell:

GAINS: The National GAINS Center for People with Co-Occurring Disorders in the Justice System
http://gainscenter.samhsa.gov/html/about/

Guidelines for Child and Adolescent Mental Health Referral
Columbia University, Division of Child and Adolescent Psychiatry

The National Center for Mental Health and Juvenile Justice (NCMHJJ)
http://www.ncmhff.com
email: ncmhjj@prainc.com
or call toll-free at (866) 9NC-MHJJ

Mental Health Treatment for Youth in the Juvenile Justice System

The tools, programs, and resources highlighted in this paper have not been evaluated by the Technical Assistance Center, nor do we support them in any way. If you have any comments, questions, or additional resources, please contact Patrick Kelly at pkelly@air.org, or by phone at (202) 403-5274.

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