A CAMPAIGN OF THE JUVENILE JUSTICE & DELINQUENCY PREVENTION COALITION

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JUVENILE JUSTICE AND MENTAL HEALTH AND SUBSTANCE USE DISORDERS FACT SHEET

The majority of youth coming into contact with the juvenile justice system have a diagnosable mental health or substance use disorder, with many having co-occurring mental health and substance use disorders. Prevalence studies have found that 65-70 percent of youth in the justice system meet the criteria for a mental health disorder, a rate that is more than three times higher than that of the general youth population.[i] Additionally, at least 75 percent of youth in the juvenile justice system have experienced traumatic victimization,[ii] leaving them at risk for mental health disorders such as post-traumatic stress syndrome.

Unfortunately, as documented in investigations by the U.S. Department of Justice, the mental health services typically available to youth in the juvenile justice system are often inadequate or simply unavailable.[iii] Juvenile justice agencies have identified the following as barriers: insufficient resources, inadequate administrative capacity, lack of appropriate staffing, and lack of training for staff.[iv]

Recognition of the unmet mental health and substance abuse needs of youth in the juvenile justice population has grown over the last 20 years, with calls for increased collaboration and coordination, better data on the prevalence and manifestation of disorders, and greater availability of screening, assessment, and treatment approaches. Major reports from Presidents Bill Clinton and George W. Bush recommended that juvenile justice agencies partner with other child serving agencies to transform mental health care for children and adolescents, particularly focusing on early identification and referral to home and community-connected services.[v] The Obama administration has drawn focus to the problem of children exposed to trauma with OJJDP Administrator Robert Listenbee making the reduction of youth violence and addressing childhood trauma a priority of the Administration.[vi]

Issues of Key Importance

- In 2003, the Government Accountability Office (GAO) reported that parents relinquish custody rights of their children to the delinquency court in order to access mental health services which could be more appropriately provided by the children's mental health and child welfare systems. In 2001 more than 12,700 children with mental illnesses were placed in state custody because their parents could not otherwise obtain appropriate treatment for them. About 70% of these children entered state custody via the juvenile justice system; others entered via the child welfare system.[vii]

- Two thirds of juvenile detention facilities report having held children as young as age seven awaiting a mental health placement. A 2004 report to Congress documented that about 7% of youth in detention were locked up simply awaiting an appropriate treatment placement.[viii]

- Many youth enter the juvenile justice system with mental health, substance use and other mental/emotional disabilities that were overlooked, misdiagnosed, or inadequately addressed by other social service agencies, including child welfare, schools, and mental health systems.[ix]

- Youth in the juvenile justice system suffer from various mental health disorders and co-occurring disorders. Approaches must be tailored to individual needs because practices that may ameliorate symptoms of certain disorders may exacerbate symptoms of other disorders. For example, exploration of past trauma in talk therapy may worsen symptoms of post-traumatic stress disorder. Similarly, for a young person experiencing multiple mental health or substance abuse disorders, certain interventions used to address the symptoms of one disorder can worsen symptoms of the co-occurring disorder.[x]

- Youth with unmet mental health and substance abuse needs are at greater risk of contact with the juvenile justice system than those without such needs. Behaviors that cause youth to be arrested or referred to the juvenile court may be manifestations of disorders in need of treatment.[xi]

- Youth with significant mental and emotional disorders can be vulnerable to abuse and exploitation by others while incarcerated and are more prone to experience adverse consequences of confinement.[xii]

- A wealth of evidence supports the effectiveness and cost-savings associated with prevention and appropriate diversion of youth with mental health and substance abuse needs to home- and community-based interventions, including Positive Behavioral Supports, Cognitive Behavioral Therapy, drug education, individual and group therapy, Functional Family Therapy, Multi-systemic Therapy, Multi-dimensional Treatment Foster Care, and Adolescent Community Reinforcement Approach (A-CRA).[xiii]

Recommendations for Strengthening Mental Health and Substance Abuse Provisions:

- Call for and provide federal funding for collaboration between state and local agencies, programs, and organizations that serve children, including schools, mental health and substance abuse agencies, law enforcement and probation personnel, juvenile courts, departments of corrections, child welfare, and other public health agencies. Juvenile justice agencies should involve families whenever appropriate.

- Identify vulnerable youth with mental health and substance abuse disorders, both pre- and post-adjudication, through consistent use of evidence-based screening and assessment as needed to ensure comprehensive treatment, supports and services.

- Divert youth with behavioral health disorders from the juvenile justice system into home- and community-based treatment as often as possible, while utilizing evidence-based and promising practices demonstrated to be less costly and more successful than treatment provided in confinement settings.

- Make training and technical assistance available for law enforcement officers, juvenile and family court judges, probation officers, and other decision makers about: the signs and symptoms

associated with mental health and substance abuse needs among juveniles; the benefits and availability of screening, assessment, and treatment for mental health and substance abuse needs; and effective home- and community-based treatment and other mental health supports and services.

- Develop an individualized discharge plan for each youth upon admission to a juvenile detention or corrections facility designed to link them to appropriate aftercare services, including mental health and substance abuse services and supports for the youth and his/her family.

- Implement programs and services that have been proven through research to prevent entry into the juvenile justice system, reduce recidivism, and improve outcomes for juvenile offenders, such as Positive Behavioral Supports, Cognitive Behavioral Therapy, Functional Family Therapy, Multi-Dimensional Treatment Foster Care, and Multi-Systemic Therapy.

- Ensure equity and competence in provision of mental health and substance abuse services for youth and families in the juvenile justice system, including competence in gender-specific approaches and approaches appropriate for diverse racial, ethnic, linguistic and religious groups.

- Compel OJJDP to increase training and technical assistance related to mental health and substance abuse, including best practices for law enforcement and probation officers, detention/corrections and community corrections personnel, court services personnel and others.

- Require the Administrator of OJJDP to report annually on the prevalence of mental health and substance abuse disorders among juvenile justice populations served by all U.S. states and territories, including the prevalence of various types of disorders and whether mental health disorders develop or are exacerbated by confinement, as well as descriptions of the manner in which psychotropic drugs are prescribed and used in treatment plans for youth involved in the juvenile justice system.

- Compel OJJDP to study the prevalence, duration and types of mental health and substance abuse disorders found among youth in the juvenile justice system, providing evidence of practices, policies, and approaches shown to be rehabilitative. Compel OJJDP to study the prevalence and types of disabilities found among youth in the juvenile justice system.

- Include mental health and substance abuse experts in the Federal Coordinating Council, and in the composition of the State Advisory Groups.

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Prepared by the National Center for Mental Health and Juvenile Justice www.ncmhjj.com and the National Juvenile Justice Network www.njjn.org

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[i]The National for Mental Health and Juvenile Justice (2007). *Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System.* Delmar, NY: Skowyra and Cocozza; Teplin, L.A., Abram, K.M., Washburn, J.J., Welty, L.J., Hershfield, J.A., & Dulcan, M.K. (2013). *The Northwestern Juvenile Project: Overview*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention; Mental Health and Juvenile Justice Collaborative for Change (2014), *Better Solutions for Youth with Mental Health Needs in the Juvenile Justice System.*

[ii]Mental Health and Juvenile Justice Collaborative for Change (2014), *Better Solutions for Youth with Mental Health Needs in the Juvenile Justice System.*

[iii] United States Department of Justice. (2011). Department of Justice Activities Under the Civil Rights Institutionalized Persons Act: Fiscal Year 2010. Washington DC: United States Department of Justice. Online. Available: http://www.justice.gov/crt/about/spl/documents/split_cripa10.pdf

[iv] Federal Advisory Committee on Juvenile Justice (2006). *Federal Advisory Committee on Juvenile Justice Annual Report 2006*, available at: http://www.ncjrs.gov/pdffiles1/ojjdp/218367.pdf

[v] The President's New Freedom Commission on Mental Health (2003). *Achieving the Promise: Transforming Mental Health Care in America.* Washington, DC: Department of Health and Human Services; U.S. Public Health Service (2000). *Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda.* Washington, DC: Department of Health and Human Services.

[vi]U.S. Dept. of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Administration, "OJJDP News @Glance" (May/June 2014), accessed August 28, 2014, http://www.ojjdp.gov/newsletter/246825/sf_1.html.

[vii] Government Accountability Office (2003). *Child Welfare and Juvenile Justice: Federal Agencies Could Play a Stronger Role in Helping States Reduce the Number of Children Placed Solely to Obtain Mental Health Services.* Washington, DC: Government Accountability Office.

[viii] United States Congress (2004). *Incarceration of youth who are waiting for community mental health services in the United States.* Washington, DC: House of Representatives Committee on Governmental Reform, available at http://www.senate.gov/~govtaff/_files/040707juvenilereport.pdf.

[ix] An Evaluation of the Youth Advocacy Project (May 2001), The Spangenberg Group, available at http://www.abanet.org/legalservices/downloads/sclaid/indigent defense/ma-yapreport.pdf.

[x] Abram, K.M., Washburn, J. J., Teplin, L. A., Emanuel, K. M., Romero, E. G., & McClelland, G. M. (2007). Posttraumatic Stress Disorder and Psychiatric Comorbidity Among Detained Youths. *Psychiatric Services, 58*(10), 1311-1316.

[xi] Grisso, T. (2008). "Adolescent Offenders with Mental Disorders." *The Future of Children,* 18(2), 143-164.

[xii] Coalition for Juvenile Justice (2001), *Handle with Care: Meeting the Mental Health Needs of Young Offenders, CJJ 2000 Annual Report to the President, Congress and OJJDP*, Washington, DC: CJJ.

[xiii] National Collaborative on Workforce and Disability for Youth, Institute for Educational Leadership (2008). *Making the right turn: A guide about improving transition outcomes of youth involved in the juvenile corrections system.* Washington, DC: Gagnon, J. C., & Richards, C.; http://www.dsgonline.com/mpg2.5/mpg_index.htm; http://www.colorado.edu/cspv/blueprints/index.html; Greenwood, P. (2008), Prevention and Intervention Programs for Juvenile Offenders. *The Future of Children,* 18(2), 185-210.; U.S. Dept. of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHA), "SAMHSA's National Registry of Evidence-based Programs and Practices," http://www.nrepp.samhsa.gov/AboutNREPP.aspx; Washington State Institute for Public Policy, http://www.wsipp.wa.gov/.