

Mental Health of Juvenile Offenders

While many forms of mental illness first emerge during adolescence, state mental health services for youth have been cut back, resulting in insufficient services for mentally ill youth. At the same time, juvenile justice statutes have been amended to reduce the discretion of judges to divert mentally ill youth to treatment even if it can be located. The overall result of this “perfect storm” is that there has been a significant increase in the number of youth entering the juvenile justice system with profound mental health issues—issues that cannot be addressed by the current juvenile justice system. While improving the capacity of the juvenile justice system to deliver mental health services may seem like the obvious solution, the juvenile justice system is not necessarily the most appropriate venue to deliver mental health services to youth. Other more creative policy reforms may be required.

How Prevalent Is the Problem?

While a minority of delinquent youth has mental health issues, approximately 50 to 66 percent of youth who are in the custody of the juvenile justice system across various types of settings have a mental disorder compared to 15 to 25 percent of youth in the general population. In addition, particular groups of delinquent youth, such as females or teens with a child welfare system history, are more likely to have mental health problems. Approximately 10 percent of youth in the general population can be classified as “seriously emotionally disturbed”—having multiple mental disorders beginning in childhood and persisting into adulthood—while 15 to 20 percent of youth in juvenile justice facilities can be classified as such. Almost all seriously emotionally disturbed youth have persistent involvement with the criminal justice system throughout their lives.

Diversity in the System

While the high number of mentally ill youth in the justice system highlights the need to develop sound mental health policies, it is difficult to create one uniform policy because of the diversity of young troubled offenders in the system. Some youth develop disruptive behavior disorders long before any contact with the juvenile justice system, and it is their resulting aggressive behavior that lands them in trouble. Others develop mental health problems, like depression or posttraumatic stress disorder (PTSD), as a *result* of their antisocial behavior or contact with the justice system. A third group may have experienced stressors, such as child maltreatment, leading to both the development of mental illness and juvenile offending. Further complicating the picture is the fact that treating mental illness within the juvenile justice system does not necessarily result in less crime.

What System Should Deliver Services to Mentally Ill Juvenile Offenders?

Most people agree that delinquent youth with mental health issues need services. However, many researchers, sympathetic to youth with mental health problems, have nonetheless argued that the juvenile justice system should not be the primary place to treat mentally ill offenders. They cite several reasons:

- If the juvenile justice system offers mental health services but other state programs do not, overburdened caretakers trying to find treatment for youth with mental disorders may encourage police to arrest mentally ill youth simply to get them services—thereby criminalizing non-criminal teens.
- The juvenile justice system cannot effectively treat youth with mental health problems because of legal and clinical restrictions. First, the juvenile justice system does not have the legal authority to compel youth to engage in treatment until they are adjudicated. Unless the youth requires emergency mental health services, they will therefore experience a significant delay of treatment. Second, for mental health treatment to be effective, trust needs to be established between the professional and teen—not likely in the coercive setting of a juvenile offender facility.
- Some treatments, if they are delivered in the juvenile justice system, can actually be anti-therapeutic, meaning they lead youth to become worse rather than better. For example, group therapy for antisocial youth is linked to increases in delinquency among the youth who had lower levels of antisocial behavior in the first place. This is because the group setting inadvertently serves as a training ground of sorts for delinquent behavior.

What then is the best way to coordinate care for mentally ill youth in order to address their mental health needs, institute sanctions for offending behavior, and protect the interests of broader society? One potential strategy is to instill better communication between the systems that serve this population, including the child welfare, mental health, and juvenile justice systems, in order to direct a teen to the appropriate place to receive treatment and address his or her offending behavior. Establishing a community system of care that focuses both on increasing cooperation and dividing responsibility between the systems that serve youth has been shown to be both cost effective and clinically beneficial. Research has also demonstrated that collaborations between juvenile justice and community systems—programs like Intensive Protective Supervision, which closely monitors non-serious offenders, provides support for parents, and coordinates therapy services—are an effective way to reduce re-offending.

Changes in Policy to Implement an Improved System

There are multiple changes in policy that are necessary in order to implement such a system. First, we need to increase the availability of mental health services in the community, which would reduce the trend of referring youth to the justice system with the goal of obtaining mental health treatment. In addition, among those youth whose mental health problems are directly related to their delinquent behavior—youth with

aggressive behavior problems, for example—readily available mental health treatment may serve as delinquency prevention measure. Finally, increased availability of community-based mental health programs would provide a place to divert delinquent youth who do not pose a high risk to society but are in need of mental health treatment, away from the justice system.

Second, we should create an effective diversion system to accurately assess and identify youth who have mental health needs and then divert them to the appropriate placement (i.e., emergency care, treatment in the community, or secure confinement with treatment). Diversion out of the juvenile justice system can potentially occur at two points:

- At the pretrial stage brief, empirically based screening tools should be used to determine the level of risk to the community and degree of need for immediate mental health services. Youth with mental health needs who present a low risk to the community can potentially be diverted to the appropriate community agency that can then complete a more thorough assessment of the treatment needs of the youth. Youth who are in need of emergency mental health treatment can either be diverted to a facility providing psychiatric emergency care (if they present a low risk to the community) or placed in secure confinement with treatment.
- At the adjudication stage, more comprehensive and individualized mental health assessments should serve to identify youth who may best be rehabilitated in a non-secure community placement versus those who are in need of mental health treatment within a secure setting, due to their potential threat to society.

Third, we need to carefully define what constitutes “treatment” in the juvenile justice system. Research points to several treatment models that are effective in treating juvenile offenders with mental health needs.

- Community-based treatments involve the youth’s family and focus on developing skills for interacting with others in a positive way. Examples include Functional Family Therapy, Multidimensional Treatment Foster Care, and Multisystemic Therapy.
 - Functional Family Therapy is a short-term, home-based program that targets at-risk youth ages eleven to eighteen. The program focuses on helping families build better problem-solving skills, increasing emotional connectedness between parents and children, and providing parents with strategies to provide structure, guidance, and limit setting for their children.
 - Multidimensional Treatment Foster Care trains foster parents in behavior management techniques, allows only one youth to be placed with the family at a time, and requires increased supervision of the youth. The foster parents are provided with intensive supervision and

support in the form of weekly groups and daily phone calls, as well as increased financial compensation.

- Multisystemic Therapy (MST) is a family-based approach that helps parents to effectively manage youth's behavior problems, engages multiple systems that surround the youth (such as the school and community), and provides training in effective parenting strategies. MST therapists are also on call for emergency services.
- Skill-based, time-limited treatment approaches, such as Cognitive Behavioral Therapy, focus on developing social awareness and teach strategies to help youth delay responding, problem-solve more effectively, and manage anger and aggression.
- Specialized clinical units operate within juvenile correctional facilities for the small number of delinquent youth who have severe and chronic mental health problems and must be placed in secure confinement due to violent behavior. Clinical units separate youth with serious mental disorders from the general correctional population and provide them with specialized clinical services from mental health professionals.

Finally, for those youth who require juvenile justice supervision and mental health treatment, we must not stop delivering care just because the teen is no longer part of the juvenile justice system. Youth in the juvenile justice system with mental health needs should receive appropriate aftercare through coordination with community agencies when their juvenile justice involvement ends. The overarching goal is to move toward a system that breaks down the boundaries between agencies and blends their resources, in order to better serve this population of youth who have multiple needs and who, therefore, require the attention of multiple systems.

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