Juvenile Justice and Mental Health


Juvenile courts play an important role in systems of care, especially given the high prevalence of mental health needs among juvenile offenders. These articles examine the relationship between mental health and involvement in the juvenile justice system as well as the values of juvenile courts and the influence of these values on mental health treatment referrals.

**Lyons et al.:**

This study compared mental health needs and demographics among a stratified random sample of youth who were categorized according to their level of involvement in the juvenile justice system: a community (*n* = 473) sample consisted of youth who were on probation but were not otherwise confined; a Department of Corrections (DOC; *n* = 120) sample consisted of youth who were incarcerated for their crimes; and a residential treatment center (RTC; *n* = 50) sample was comprised of youth who were adjudicated to residential treatment. The researchers used the Children’s Severity of Psychiatric Illness (CSPI) scale to evaluate mental health needs.

Total CSPI scores revealed a high overall level of mental health needs for all samples, with significantly higher needs in both the DOC and RTC samples as compared to the community sample. Diagnosis of serious emotional disturbance (SED) using the CSPI revealed that 45.9% of the community sample, 67.5% of the DOC sample, and 88% of the RTC sample had SED diagnoses. Logistic regression analyses comparing those who were incarcerated (DOC) to those in a residential placement (RTC), revealed a variety of differences, including findings that DOC youth had a higher suicide risk, presented a greater danger to others, were more sexually aggressive, and had greater substance abuse problems. The RTC group, in comparison, had greater emotional disturbance, more impulsivity, and more severe past abuse. The authors note:

Although these clinical characteristics may not form the explicit basis on which level of care decisions are made, it appears that children who are at an increased risk for an institutional placement will be placed roughly according to the type of primary dysfunction they evidence, with behaviorally disordered children becoming incarcerated and emotionally disordered children being placed into the state mental health system (p. 81).

Results of an additional regression analysis, in which youth who were confined to either a DOC or RTC setting were compared to the community sample, included the findings that those in a more confined setting demonstrated more peer dysfunction, poorer adjustment to past trauma or abuse, and had more multisystem needs. Other factors that were related to later institutional placement included chronic school truancy, prior outpatient substance abuse or mental health treatment, and prior use or possession of a firearm.

Based on results, the authors question “the degree to which judges and others use explicit clinical variables to guide level-of-care or level-of-confinement decisions” (p. 83) and suggest the need for “best practices” (p. 83) to guide placement decisions. Given the high level of mental health needs for those in a DOC setting, the authors also emphasize the importance of increased mental health assessment and intervention in the juvenile justice system.
Breda:

The goal of this study was to evaluate the mental health orientation (MHO) of 73 Tennessee judges whose caseloads included juvenile offenders and determine the relationship between MHO and referrals for mental health treatment. Judges were asked to rate the degree to which (a) mental health status should be considered in making dispositions, (b) young offenders with mental health problems can be rehabilitated, (c) mental health treatment can rehabilitate offenders with mental health needs, (d) psychological assessments are important for making case dispositions, (e) young offenders have serious mental or emotional problems, and (f) delinquency is a result of emotional disturbance.

Results showed that 96% of judges either agreed or strongly agreed that young offenders with SED can be rehabilitated, and 77% were “confident” (p. 92) that mental health services could accomplish such rehabilitation. Ninety-four percent of judges either agreed or strongly agreed that court decisions should be based on youths’ mental health status, but fewer (73%) thought psychological assessments were important or very important for making such decisions. Over one quarter of judges believed that only a few or hardly any young offenders have mental health problems and a minority (22%) believed that SED causes delinquency. Despite the fact that overall results demonstrated courts’ “rather positive orientation toward mental health issues” (p. 91), the average overall referral rate was only 3% and no correlations were found between any of the MHO questions and treatment referral rate. The authors propose possible explanations for the disparity between a generally positive attitude toward mental health treatment and the lack of appropriate referrals, such as courts’ potentially conflicting goals of rehabilitation, punishment, and public protection. They additionally note, “given the sheer volume of offenders and the prevalence of emotional disorder among them, [the lack of referrals] represents a failed opportunity to meet one of the most fundamental system of care goals – those who need services have access to them” (p. 94).

Conclusion and Further Research:

Taken together, these articles demonstrate both the high need for mental health services among juvenile offenders and the lack of systematic assessment and mental health treatment referrals by juvenile courts. Additional research is needed to assess barriers to treatment referral for juvenile offenders, a topic that may be complicated by courts’ perceptions of a range of environmental factors in youths’ lives, including parental custody and school attendance. Results from Breda’s (1999) sample, revealing that juvenile courts generally have a positive mental health orientation, are promising, and provide a foundation from which to build stronger system of care collaborations and establish research-based best practices in the juvenile justice system.

Additional publications on the topic of juvenile justice can be found in a Data Trends article produced by the University of South Florida, as well as at the National Criminal Justice Reference Service’s (NCJRS) juvenile justice publications web site and at the Office of Juvenile Justice and Delinquency Prevention’s (OJJDP) publications page.