Corrections:

New Strategies for Meeting the Mental Health Needs of Youth in Juvenile Justice

Over the last 15 years, a general trend within juvenile justice has been an increasing focus on punishment over treatment and rehabilitation. Driven in part by "tough on crime" and "zero tolerance" policies, one effect of this trend has been that more youth—including youth who have committed relatively minor offenses—have become formally involved with the juvenile justice system. While the number of youth arrested has increased only slightly, higher proportions of these youth have been referred to, prosecuted in, and convicted by juvenile courts, and youth were incarcerated in greater numbers. This "crackdown" has not apparently produced the desired effect. In general, it appears that drawing more youth further into the juvenile justice system, relying on more restrictive settings, and focusing on punishment is less effective than well-implemented community-based and treatment-oriented alternatives.

There is particular need for correction in the way that the juvenile justice system interacts with youth who have mental health difficulties. Recent research has documented that two-thirds or more of youth involved with juvenile justice have a diagnosable mental health disorder, yet appropriate treatment is frequently unavailable. Trupin (page 10) argues that the "tough on crime" orientation in juvenile justice has been particularly disastrous for these youth, and describes the appalling circumstances that they may face when they are held in secure settings. Osher (page 24) and Sage (page 28) describe how children and youth with mental health difficulties can be drawn into the juvenile justice system when they have committed relatively minor crimes, or even when they have committed no crime at all.

"Tough on crime" approaches in juvenile justice appear to be based on an unsympathetic view of juvenile offenders. But, as Huffine (page 13) and Wise (page 8) illustrate, a closer look at juvenile offenders often reveals young people whose personal histories include trauma, loss, neglect, victimization, or other difficulties. For example, one study of youth incarcerated in Virginia for violent offenses found that 51% of the girls had a documented history of sexual abuse, while a study of court-referred juvenile offenders in Milwaukee, Wisconsin found that 66% of male offenders had been victims in substantiated reports of abuse or neglect. When we combine this information with what we know about the high rates of mental health and substance abuse disorders among youth involved with juvenile justice, it becomes difficult to justify an exclusively punitive response to their behavior.

Around the nation, new strategies are being implemented with the aim of improving outcomes for youth with mental health difficulties who are involved with juvenile justice. The "Blueprint for Change," developed by the National Center for Mental Health and Juvenile Justice (Skowyra, page 4), describes the most critical areas for improvement, recommends actions and strategies for each critical area, and provides examples of successful programs that are consistent with these recommendations. Two of these programs are FIT (Lee and De Robertis, page 17) and ICT (Shepler, Cleminshaw, and Kanary, page 24). As the Blueprint and its model programs show us, we do have tools at hand to undertake necessary corrections in juvenile justice.

Janet S. Walker, editor