



WHAT FAMILIES THINK OF THE JUVENILE JUSTICE SYSTEM: FINDINGS FROM A MULTI-STATE PREVALENCE STUDY

Families are a valuable and largely untapped resource for the juvenile justice system. When youth with mental health needs come into contact with juvenile justice, family members can contribute background information and insight into their child's condition, provide support and assurance to their child, and play a vital role in carrying out transition plans (Osher & Hunt, 2002). Juvenile justice researchers, practitioners, and policy makers are increasingly acknowledging the need to understand and work within youths' social and family contexts (MacKinnon-Lewis, Kaufman, & Frabutt, 2002). Unfortunately, parents often find themselves isolated from and confused by the complexities of the juvenile justice process, and their knowledge and skills are overlooked or underutilized.

A recently completed multi state study of mental health problems of justice-involved youth, conducted by

the National Center for Mental Health and Juvenile Justice with support from the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and the Center for Mental Health Services (CMHS), was undertaken to determine what services are provided to youth with mental health needs who are in the juvenile justice system and to obtain family perspectives about the care and treatment of their children.

Gathering Perspectives

NCMHJJ researchers collaborated with the Federation of Families for Children's Mental Health (the Federation) to conduct focus groups with parents and primary caregivers of youth currently in or recently discharged from the juvenile justice system in Louisiana, Texas, or Washington. The goal of the focus groups was to obtain families' views of their children's mental health needs, their assessment

of adequacy of the services they received, and their recommendations for how the juvenile justice system can improve services to youth with mental health needs. Findings from the focus groups are reported here.

Family members tend to be "on guard" to protect themselves from the discomfort of reliving painful experiences, anxiety about revealing troubling family situations, or fear of reprisal if they are critical of people who can make decisions about their child's care or services. Ordinarily, this can leave family members reluctant to participate in research and to disclose sensitive information to researchers. Collaborating with the Federation, a family-run support and advocacy organization, allowed the research team to establish trust quickly with participants. The Federation enlisted its local affiliates in the three study states to provide background for the research team and to introduce the research

team to potential participants. The affiliates were paid to recruit participants; secure a comfortable, safe and convenient location; arrange for transportation and child care as needed by participants; provide light refreshments; and prepare participants by explaining how a focus group differed from a support group. The Federation provided a professional staff member who worked with the researchers to develop the focus group protocol and who served as the moderator for the focus groups.

To get family views of the system, researchers asked participants four questions:

1. What mental health services and substance abuse services did your child receive?
2. Were services adequate, appropriate, or effective?
3. What services helped your child the most? and
4. What happened when your child was discharged?

To get recommendations for system change researchers asked participants two further questions:

1. What prevents youth from getting effective mental health services while they are in juvenile justice facilities or programs? and
2. What do you think could help improve the mental health services provided in juvenile justice facilities and programs?

Most participants reported having worked tirelessly to get their child help prior to juvenile justice system involvement. Yet most were also dismayed and bitterly disappointed with the care and treatment their children had received. They attributed the failure of these efforts to lack of developmentally and clinically appropriate services in their community or the inaccessibility of such services. The

majority of participants felt that the mental health and substance abuse services provided while their children were involved in the juvenile justice system were inadequate and inappropriate. Parents saw juvenile justice as

the system of last resort; a number of parents reported intentionally involving their child in the juvenile justice system with the hope that they would finally be able to access services that were unavailable to them in the community. The subsequent failure of such services to materialize was very troublesome.

Focus group participants did identify some services and service approaches that had been helpful—though they also noted that these kinds of services were not widely available. Helpful service approaches included peer support and family-directed as-

sistance with information, rights, and procedures; treatment that addressed troubling behavior in a rehabilitative and therapeutic rather than a punitive manner; collaborative planning with all agencies working together with

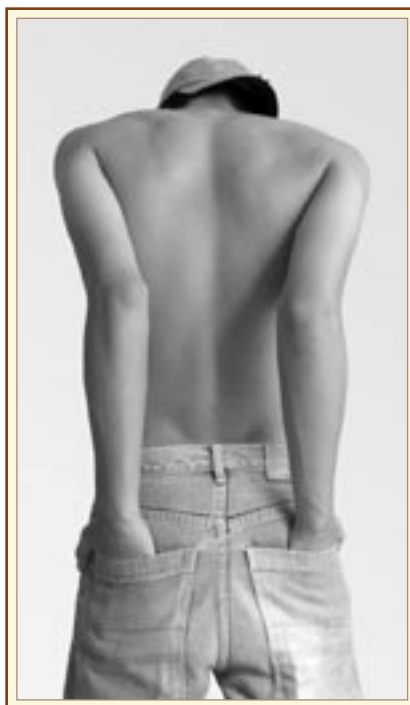
families to tailor services to the child's and family's needs; probation officers with a mental health background who provided caring, useful advice; and in-home and crisis intervention services and other direct services.

Barriers

A major barrier to good services was the nature of the relationship between the school system and the juvenile justice system. Sometimes, families encountered a frustrating lack of collaboration or continuity. For example, participants reported that becoming involved in juvenile justice was accompanied by major disruptions in their children's education. Often, after a child entered the juvenile justice system, communication with education agencies was almost nonexistent. Participants also reported that schools resisted enrolling youth after discharge from a juvenile (or adult) correctional facility. Where the two systems did work together, the linkages could be problematic. For example, several participants reported that it was school policy to allow staff to issue "tickets" for fighting, swearing, or skipping classes. These "tickets" were equivalent to a \$500 fine and required a court appearance by both the students and their parents.

Another cluster of family concerns and barriers centered around the role and performance of probation officers. Inconsistency in the amount and

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quality of support from probation officers made it difficult to get accurate information, and inhibited access to services. Dramatic, negative changes were reported when probation officers placed youth into services and programs that families could not access. Poor or no follow-up by probation officers resulted in a lack of support for a successful reintegration into the community. For example, failure of probation officers to communicate and collaborate with families strains



the parent/child relationship and makes it more difficult for the parents to understand probation requirements and to encourage their child to fulfill them.

Legal and financial issues also presented significant barriers. Poor legal representation for youth was a common concern, and families worried that their children were being labeled as criminals. Participants faulted the juvenile justice system for not involving parents in the legal decisions being made for their children or communicating court decisions with families in a timely manner. Not being able to afford services, being ineligible for Medicaid, being too poor to afford private care, and not having insurance coverage for behavioral health services were also frequently identified as primary barriers to good care both in the community and in the juvenile

justice system.

A recurring theme identified by the focus group participants was disappointment over the failure of the juvenile justice system to involve families. Many parents reported feeling blamed or looked down on by the juvenile justice system, as if they were being held responsible for their child's behavior. Participants repeatedly said that some form of peer/parent support system, while not very often provided, was extremely helpful. They spoke frequently about the complexity of the juvenile justice system and the difficulties it imposed on parents. Many told of being confused and frustrated as they tried to understand what was happening to their child. Several pointed out that there is no time when the juvenile justice system explains its processes or parental rights and options. The failure of the system to offer this support to parents makes navigation and understanding of the process almost impossible.

Many participants indicated that the burden placed on families is magnified by the lack of collaboration and communication between the mental health, juvenile justice, and school systems. They gave examples of treatment and medications being interrupted during transitions from one system to the next. The failure of any one agency to take responsibility for mental health care forces parents to take the lead in directing their child's care. This task can quickly become overwhelming and discouraging in an environment in which families are viewed as part of the problem, are isolated and ignored, and are not provided with resources sufficient to meet their children's needs.

The poor quality of care and services provided by the juvenile justice system was primarily attributed to inadequate training and high turnover of both direct care and professional staff in the facilities. Parents expressed their frustration with the "one-size-fits-all" approach to treatment typical in the juvenile justice system and considered it ineffective as well as time consuming and costly.

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The vast majority of participants felt that their children did not receive adequate treatment for mental health or substance abuse problems while in the juvenile justice system. According to the focus group participants, youth were not screened for mental health or substance abuse problems until they were already deeply immersed in the system. Furthermore, even after a mental health issue was identified, behavioral manifestations of the problem were addressed in a punitive way rather than in a therapeutic way.

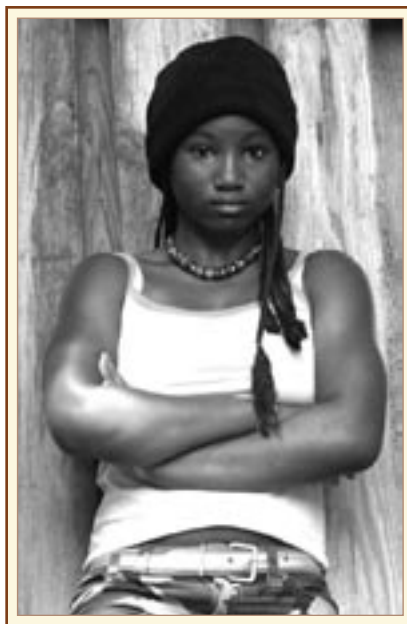
According to some of the focus group participants, the juvenile justice system did not create or implement any transition plan for their children. Others reported that their children were given transition plans that were unrealistic or that set them up for failure. They saw the failure of transition plans as due in part to the system's failure to involve parents in transition planning. Yet it was frequently noted that, once a youth had been released, the system expected parents to carry out the transition plan, regardless of whether they had been involved in developing it. This overwhelming task typically required coordinating and arranging services, providing transportation, arranging for supervision of their child, and other assignments nearly impossible for the family to carry out on its own.

Recommendations

The participants in the three focus groups had several recommendations for improving the delivery and effectiveness of mental health and substance abuse services within the juvenile justice system and for increasing family involvement. In particular, participants felt that providers and administrators should be encouraged to look at families as a potential resource. Most of the participants felt that when families are perceived as part of the problem, providers are reluctant to involve them in the care of their children. They suggested that eliciting parental insight be formally included in every stage of the juvenile

justice process.

Participants also strongly recommended the widespread implementation of family support mechanisms. The sources of support could be formal or informal, but should be consistently available. Examples given



included scheduling support groups to coincide with visiting days, providing opportunities for conversations with parents in similar situations, and connecting families to advocacy organizations such as the Federation. All three groups felt that increasing the amount of support available to parents would greatly improve the delivery of services. Additional support mechanisms mentioned included providing information on parental rights, the juvenile justice process, and alternative treatment options available; and facilitating good relationships between parents and probation officers.

Participants recommended improving the overall quality of services in the juvenile justice system by attracting and retaining qualified service providers, especially in underserved rural areas. Some suggestions focused on the actual services that were provided. Frequently mentioned was the importance of screening and addressing the mental health needs of youth immediately upon entry into the ju-

venile justice system. It was pointed out that although the juvenile justice system has safety as its primary concern it must also pay attention to and provide effective treatment for mental health problems. This treatment should focus on addressing underlying clinical issues rather than simply controlling behavior. Finally, parents felt that service quality could be improved if more attention were directed to the trauma and sexual abuse histories of youth, issues that are largely ignored by the juvenile justice system.

Increasing the capacity of the juvenile justice system to understand and respond to the needs and concerns of families is critical for improving the system's response to the youth in its care. The findings from these focus groups reveal the family perspectives about the system and offer practical recommendations to policy makers, administrators, and practitioners.

References

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