



Racial Disparities in Juvenile Justice Referrals to Mental Health and Substance Abuse Services

We know from recent research that juvenile justice populations frequently exhibit elevated rates of mental health and substance use disorders. To get a better understanding of how these needs are being met – and whether they are being met disproportionately by race and ethnicity – we reviewed and summarized the research literature examining referrals to mental health and substance abuse services from within the juvenile justice system.¹ This review was part of a larger review of research studies examining the racial and ethnic disparities that occur within the juvenile justice system at various contact points (e.g., arrest, referral to court, adjudication, secure confinement). We know that research over the past four decades on decision-making in the juvenile justice system has frequently shown evidence of racial and ethnic disparity. We also know that there are unmet mental health needs among youth in the juvenile justice system. What does the confluence of these two issues look like? The material that follows is drawn from our published article on this topic.¹

MENTAL HEALTH NEEDS IN THE JUVENILE JUSTICE SYSTEM

We start with the observation that youth involved in the juvenile justice system frequently exhibit elevated rates of substance use and mental health disorders. Many of the studies examining this issue have found

that over two-thirds of juvenile justice involved youth have a mental health diagnosis or need² and that over 20% have a mental health disorder that could be diagnosed as serious.³ Common diagnoses include behavior disorders, conduct disorders, oppositional defiant disorders, antisocial behaviors, mood disorders, substance use disorders, anxiety disorders, and attention deficit/hyperactivity disorder. Many of these youth suffer from conditions resulting in more than one diagnosis.

Unfortunately, the juvenile justice system does not consistently and sufficiently address these mental health needs. Numerous studies have found that a large percentage of youth with mental health needs go untreated during their involvement with the juvenile justice system. For example, in her study of juvenile courts in one state, Carolyn Breda found that fewer than 4% of juvenile offenders were referred for mental health services.⁴ Additionally, a 2005 study of youth in another state found that only 23% of youth diagnosed with a mental health disorder received any treatment.⁵ Finally, a 2006 study of juvenile justice facilities nationally found that only 10% of youth with a severe mental health disorder received any emergency mental health services.⁶

RACIAL DISPARITIES IN THE JUVENILE JUSTICE SYSTEM

In addition to youth with mental health needs, we also find that youth of color are overrepresented in the juvenile justice system. For example, in 2013 while the

national arrest rate for white youth was 26.0 arrests per 1,000 persons in the population, the arrest rate for African American youth was 63.6, nearly 2.5 times higher.⁷ Typically, national data shows that once youth of color are arrested and referred to court, they subsequently go deeper into the juvenile justice system than white youth and are less likely to be diverted or given more lenient dispositions such as probation. As another example, in 2013 the residential placement rate for African American youth was 4.6 times greater than for white youth.⁸ Although not as stark, similar patterns of disproportionate contact with the juvenile justice system exist for American Indian youth, Hispanic youth, and smaller ethnic groups.

Several large-scale efforts have synthesized and analyzed the body of individual research studies on racial disparities in the juvenile justice system. Most of these studies examine whether disparities still exist after legal and extralegal factors are taken into account. In the first such study, Pope and Feyerherm identified 46 studies published between 1969 and 1989 and concluded that the majority of studies found some impact of race on decision-making.⁹ They noted that the evidence suggested bias can occur at any stage of juvenile justice and, as minority youth progress further through the system, racial differences may accumulate and become more pronounced.

At least five subsequent reviews examined portions of the research literature between 1967 and 2014. Although each covered a slightly different set of research studies, the overall results were remarkably consistent. In the majority of well-designed research studies, racial and ethnic disparities may be found in many of the major

decision stages in the juvenile justice system and cannot be fully accounted for by differences in the behavior of the youth involved: disparities in the handling of youth far exceed any differences in the behavior of these youth. It is also interesting to note that some research studies found no disparities and that the patterns of disparities appear to differ from one community to another and from one contact point to another.

RACIAL DISPARITIES AMONG REFERRALS TO TREATMENT

Given the disparities found in traditionally studied juvenile justice decision points (e.g., arrest, court referral, diversion, secure detention, petition, adjudication, secure confinement, probation, and transfer to adult court) and the fact that not all juveniles who need mental health services are treated in the juvenile justice system, are there also racial and ethnic disparities among referrals to mental health and substance abuse services? In our 2016 systematic literature review we found that a majority of studies published in the past 20 years found at least some race effect in the decision to refer youth to services.¹ Studies were included in our review if they examined the decision to provide juveniles with mental health or substance abuse services in the juvenile justice system, included race or ethnicity in the analysis, used quantitative methodology, and examined a sample from a state or local system in the United States. Of the 26 studies examined, 69% found at least some race effect disadvantaging youth of color while 31% found no race effect. To account for potential differences in mental health and substance abuse needs by race/ethnicity, 19 of these studies provided statistical controls for scores



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on screening and assessment tools, prior mental health or substance use treatment, or drug/alcohol-related offenses. Of these 19 studies, 63% found at least some race effect while 37% found no race effect.

For example, a study of detained youth in Indiana, which included statistical controls for gender, age, detention center site, and whether the youth had a positive score on a mental health screening instrument, found that both African-American and Hispanic youth were less likely than white youth to receive contact with a mental health clinician within 24 hours of detention center intake and to receive a referral to mental health services upon detention center discharge. A study of mental health treatment service delivery for youth in secure facilities in Maryland found that while only 11.9% of the African American youth who met the diagnostic criteria for a mental health disorder received treatment, 42.6% of the white youth who met the criteria received treatment. Another study of juveniles who were adjudicated delinquent in Pennsylvania found that the court was less likely to send African-American and Latino youth to a therapeutic program than white youth compared with a physical regime program or a traditional reform school.

Included in the 63% of studies that found at least some race effect were studies that reported mixed effects. For example, one study of a Missouri court found that although there was no race difference in the rates of referral for substance use disorders, white youth were more than twice as likely to receive a mental health treatment order as compared to African American youth. These researchers included statistical con-

trols for gender, age, legal variables, parental history of substance use and mental health disorders, peer influence, mental health status, substance use problems, learning disorders, and other personal issues.

On the other hand, 37% of the studies that controlled for mental health needs found no race effect. For example, a study of a county court in South Carolina found that race was not a significant predictor of admission to drug court after accounting for gender, age, legal variables, family status, and mental health history. Similarly, a study of youth processed through a Midwestern circuit court found that once all control variables – including assault history, history of abuse or neglect, behavior problems, learning disorder, negative attitude, and social environment – were introduced into the final model, race was not a significant factor.

CONCLUSION

A preponderance of the literature finds that racial disparities in the juvenile justice system exist not only at traditionally studied juvenile justice system decision points such as referral to court and placement in a secure detention facility, but also among referrals to mental health and substance abuse services. While the rate at which mental health and behavioral health resources are used in juvenile justice settings is abysmally low in general, it is particularly low for African American youth and more generally low for all minority youth.

The net effect of these disparities in the operation of the justice system and in referral for mental health and substance issues is to push a greater volume of minority youth into punitive systems and a greater

volume of white youth into systems designed to deal non-punitively with their mental health and substance use problems. Resolving these inequities will require coordinated action from both sets of service providers: those in juvenile justice and those in the mental and behavioral health systems.

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AUTHORS

Elizabeth Spinney is Research Analyst and Project Director for OJJDP's Technical Assistance to End Racial and Ethnic Disparities in the Juvenile Justice System initiative at Development Services Group, Inc. (DSG).

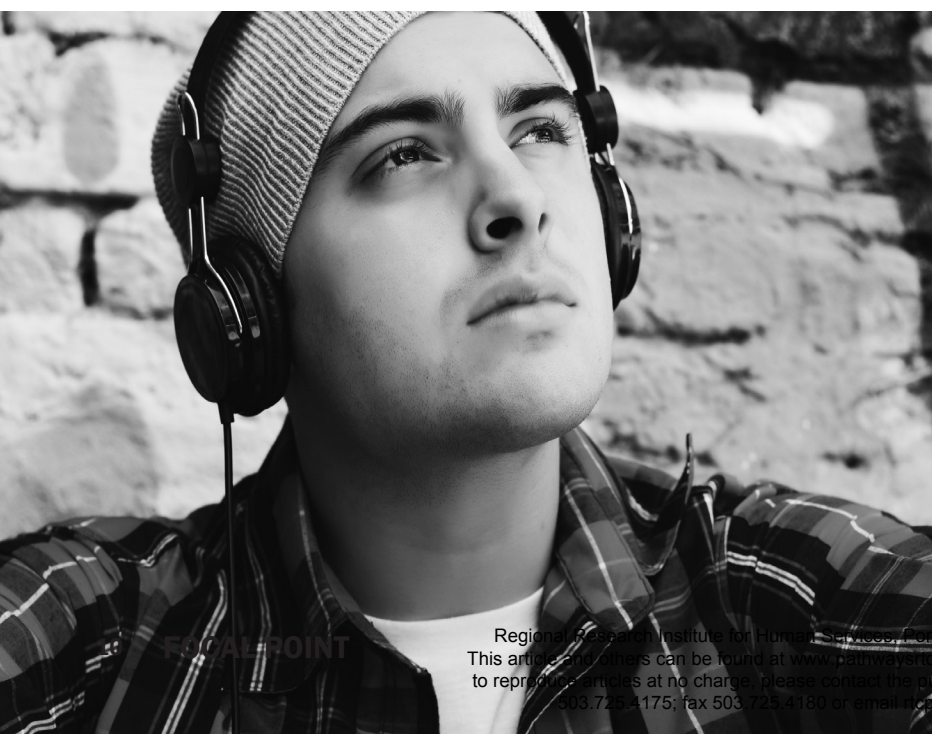
Martha Yeide is Senior Research Analyst at DSG.

William Feyerherm is Emeritus Professor of Criminology and Criminal Justice at Portland State University. He is a national expert in addressing racial disparities in the juvenile justice system.

Marcia Cohen is President of DSG.

Rachel Stephenson is Project Director and Research Analyst on criminal and juvenile justice projects at DSG.

Courtne Thomas is Research and Reform Specialist at the New Jersey Juvenile Justice Commission.



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