National Association of State Mental Health Program Directors
(NASMHPD)

POSITION STATEMENT ON MENTAL HEALTH SERVICES IN A JUVENILE JUSTICE POPULATION

April 2001

Background

There is compelling evidence to indicate that the vast majority of youth involved with the juvenile justice system have significant mental health needs. National prevalence data suggest that between 50 percent and 75 percent of youth in public and private juvenile justice facilities have at least one diagnosable mental health disorder. In addition, rates of substance abuse or dependence have been reported to range between 25 percent and 50 percent, although rates of up to 69 percent also have been reported (Edens & Otto, 1997). In addition to Conduct Disorder, and Substance Abuse Disorders, high rates of Anxiety Disorders, Post Traumatic Stress Disorder, Affective Disorders, and Psychotic Disorders have been clearly documented. Higher than average rates of Learning Disorders and Mental Retardation have also been identified (Otto, Greenstein, Johnson & Friedman, 1992).

These diagnostic statistics are even more compelling when juxtaposed with environmental indices. Rates among delinquent youth of physical and sexual abuse, poverty, and educational barriers are significant. And finally, perhaps the most compelling reality is the distinct over-representation and disparate treatment of youth of color in the juvenile justice system. Minority youth of color are arrested and incarcerated at higher rates than are white youth, and the gap continues to widen. According to 1995 national population data, minority youth comprise about 32 percent of the youth population, but 68 percent of the juvenile population in secure detention and 68 percent of those in secure institutional environments such as training schools (Sickmund, Snyder, and Poe-Yamagata, 1997). According to a recently published study, when white youth and minority youth are charged with the same offenses, African American youth with no prior admissions, are six times more likely to be incarcerated in public facilities than white youth with the same background. Latino youth are three times more likely to be incarcerated (Poe-Yamagata and Jones, 2000).

As the extent of the mental health and substance abuse treatment needs of children and youth in the juvenile justice system has begun to emerge from various studies and research, a number of local, state, and national advocacy organizations have called for policy and systems change to meet those needs. These include the National Mental Health Association, the National Coalition for Mental Health and Substance Abuse in the Juvenile Justice System, the Child Welfare League of America, and the Federation of Families for Children's Mental Health. The National Mental Health Association has concluded from a review of studies and research in this area, that children involved with

the juvenile justice system not only have substantially higher rates of mental disorder than children in the general population, they may have rates of disorder comparable to (or even exceeding) those among youth being treated in the mental health system. (NMHA, 1999)

Support

The 1990's ushered in a "get tough" era in which new policies and legislation increasingly made punishment the goal, rather than rehabilitation. At the same time, research identified characteristics of effective treatment programs for children and youth in the juvenile justice system. Specifically, cognitive-behavioral therapy, multi-systemic therapy (MST), functional family therapy, wraparound services, and integrated systems of care were demonstrated to be effective for youthful offenders (NMHA, 1997). Furthermore, efforts to collaboratively improve earlier identification and proper intervention of children's mental health needs, across child-serving systems, present new opportunities to simultaneously enhance public safety and treatment outcomes.

Historically, it has been difficult to achieve collaboration and coordination of the juvenile justice system, mental health system, as well as child welfare and education. These systems have overlapping responsibilities for children, yet have not necessarily shared the same value system, funding or authority. The challenge is to more clearly define roles and responsibilities, and also explore the opportunities to work together to achieve effective services for these children.

Position Statement

- **Prevention and early intervention:** Prevention and early intervention services to youth and families could decrease the incidence of child abuse and neglect, status offenses, delinquent acts, relinquishment of parental custody to obtain mental health services, and the development of conduct disorders and other conditions. Collaboration among human service agencies should focus on identifying and providing services to high-risk families and communities at the earliest possible opportunity. Examples of evaluated approaches that have demonstrated positive outcomes include Fast Track (Bierman, in press), Hawaii Healthy Start (Duggan, McFarlane & Windham, 1999), Elmira Home Based Services for Adolescent Poor and Unmarried Mothers (Olds, et al,1998), and the UCLA Family Development Project (Heiniche & Ponce, 1999).

- **Assessments and evaluations:** Mental health has a role to play at each stage of the adjudication process, including pre-adjudication and during the disposition phase. Competent evaluations would determine the presence of a serious emotional disturbance and identify treatment needs of the child and family that may result in diversion from the juvenile justice system or could be used by the

court system in its determination of an appropriate disposition. In addition to mental health assessments utilized in judicial proceedings, subsequent evaluations may be needed to identify the treatment needs of youth who have been adjudicated and/or remain under the jurisdiction of the court system, in out-of-home placements, on probation, or incarcerated.

Competent evaluators must be available to address the needs of children and adolescents involved in the juvenile justice system. Training programs for mental health clinicians, including institutions of higher learning, should be encouraged to provide opportunities for special training with delinquent populations. In order to provide competent evaluation, clinicians require: 1) skills in assessing the mental health needs of children; 2) skills to assess risk of violence, and the safety needs of the child, family and community; and 3) knowledge and understanding of the jurisdiction and expectations of the court. Competent evaluators must also recognize their responsibility to respect client confidentiality and to protect the constitutional rights of people who are accused.

- **Treatment and rehabilitation:** Providing services to delinquent youth has traditionally been an important mission of the juvenile justice system. Like the need for mental health assessment, an array of treatment services must be available to children and adolescents at all stages of the juvenile justice process. The range of treatment options should include community-based services (e.g., intensive outpatient, crisis response), and may include home-based services, wraparound, multi-systemic therapy, cognitive-behavioral therapy, respite services, youth mentoring, and recreational and social opportunities. These treatment services should be available for youth diverted from the juvenile justice system, youth adjudicated (but placed on probation), and for youth who need to transition from out-of-home placement. Staff delivering these services should have specialized training and experience in dealing with delinquent youth and an understanding of the requirements of working with children under the jurisdiction of the juvenile court. Clinically appropriate mental health treatment services for youth with serious emotional disturbances should also be provided for youth who are incarcerated, youth who reside in detention, and for youth who are placed in out-of-home residential facilities. In addition, youth and parent participation should be incorporated into all service delivery planning and decision making in order to assure that there is ownership for the plan developed and that treatment services are provided to both the child and their family. Not only is collaboration with families essential, so is collaboration with schools and other natural existing community supports, including the faith community, civic organizations, and the business community.

Current research indicates that community-based treatment models offer the best outcomes for the majority of youth involved in the juvenile justice system

(Chamberlain & Reid, 1998). For example, Multisystemic Therapy (Henggeler, Melton & Smith, 1992), and Therapeutic Foster Care (Chamberlain & Reid, 1998; Clark, Prange, Lee, Boyd, McDonald, & Stewart, 1994) have empirical support and cost significantly less than residential treatment. Research also questions the ultimate effectiveness of restrictive levels of treatment. In fact, Dishion, McCord, and Poulin (1999) found that youth in residential treatment centers are often reinforced for problem behavior because of their interactions with peers who exhibit problematic behavior. Successful treatment approaches must provide support to youth during their reintegration back into the community. Within all aspects of community based treatment approaches, issues of community safety must be addressed. Crisis and safety plans are an integral component of individualized service planning.

In order to effectively address the needs of youth in the juvenile justice system:

- The mental health system should work closely with the juvenile justice system to define roles and responsibilities with regard to the delivery of mental health services. Mental health and juvenile justice systems should strive for collaboration and coordination of services to meet the mental health needs of youth in the juvenile justice system. Mental health and juvenile justice collaboration should include interagency agreements between these systems as well as child welfare and education, interagency policy and problem solving committees, innovative funding strategies, cross system training between the systems, and joint service planning between probation, service providers and the child and family.

- In addition to mental health treatment, the substance abuse and physical health treatment needs of youth in the juvenile justice system should be addressed in an integrated approach.

- Families who have youth in the juvenile justice system should be partners in service delivery decision-making, and family support services should be a component in all program activities in order to assure ownership of the plan developed and to achieve optimal outcomes.

- Cultural issues should be addressed by the juvenile justice and mental health system. This includes diversity in the work force (e.g., people of color, people from the same neighborhoods) as well as minority over-representation in juvenile justice facilities.

- Education and job skill training should be given a priority as part of intervention approaches with youth in the juvenile justice system. This

means that basic skills instruction, vocational coaching, and life skills should be taught. In addition, intervention with youth in the juvenile justice system should be broadened to include issues related to housing, employment, and adaptive skills in order to facilitate transition of these youth to adulthood.

- Federal funding streams, e.g., Medicaid (including Early Periodic Screening Diagnosis and Treatment), Titles IV-E and IV-B, Title XX should he made available to provide mental health services to youth in all areas of the juvenile justice system. Such funds should specifically be used to support reintegration into community-based settings. In addition, more flexibility to pool funds is needed to provide alternative and creative services in the community, and to divert children to community based services when appropriate, and community safety is not compromised.

- Children, youth, and families at-risk, or in trouble, need the support and involvement of their community. Community-based approaches should be available to assist youth and families to become fully productive and contributing members of society.

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