

Appendix B: Youth with Mental Health Disorders in the Juvenile Justice System: Results from a Multi-State, Multi-System Study

Background

Over the last decade, concern has escalated over the number of youth with significant mental health needs involved with the juvenile justice system. The presence of these youth in the juvenile justice system poses significant challenges to the juvenile justice and mental health systems both at the policy and program level. Despite the recent recognition of this issue as a major crisis facing the juvenile justice system (Coalition for Juvenile Justice, 2000), little is known about the exact prevalence and types of mental health disorders among this population. According to a 1992 comprehensive review of the research literature, studies examining the prevalence of mental health disorders among justice-involved youth produced estimates that varied widely. This variation resulted from a variety of factors, including inconsistent definitions of mental disorders, non-standardized measures, and problematic study designs (Cocozza, 1992). The lack of information about the mental health needs of justice-involved youth has hindered the juvenile justice system's ability to understand the needs of the youth in its care and develop appropriate responses.

Significant steps forward have been made in recent years, particularly with respect to the development of standardized screening and assessment instruments tested for use with this population. These instruments represent an important advancement for research because they allow for comparisons among studies that utilize them, as well as among subpopulations within the juvenile justice system. Researchers have begun utilizing these tools, thereby capitalizing on the opportunities they present. Their use in research has expanded the knowledge base with respect to the prevalence of mental health disorders among justice-involved youth, and have yielded more consistent estimates, ranging from 65 percent to 70 percent among youth in residential juvenile justice facilities (Teplin et al., 2002;

Wasserman et al., 2002; Wasserman, Ko, McReynolds, 2004). Research utilizing these instruments with non-residential juvenile justice populations (i.e. probation intake) has found mental health prevalence estimates of approximately 50 percent (Wasserman, McReynolds, Ko, Katz, & Carpenter 2005).

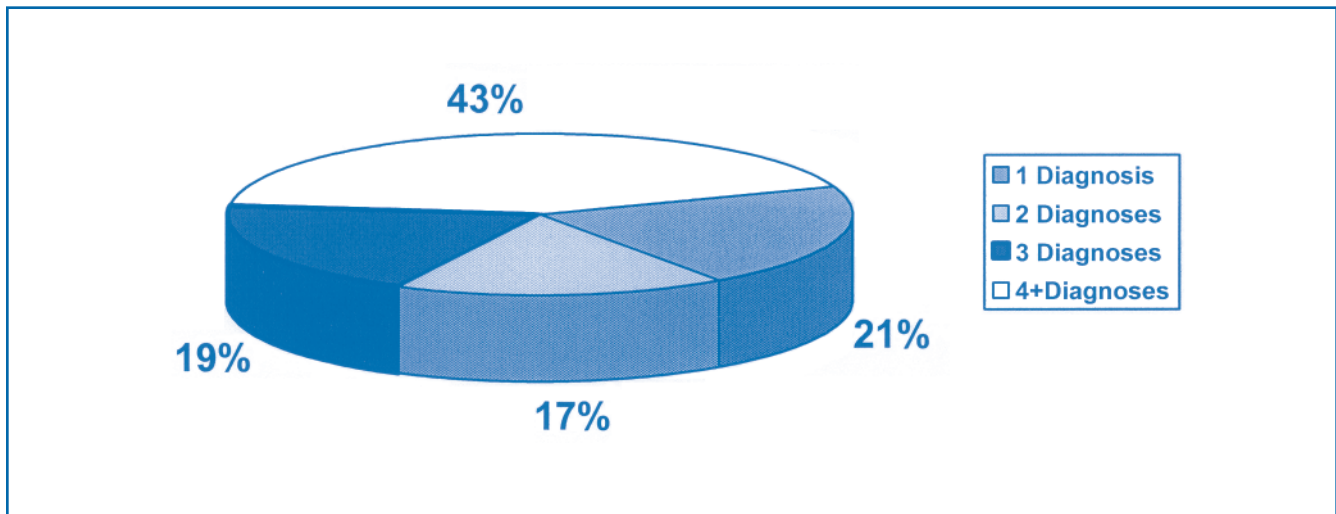
While this new research has overcome many of the limitations cited in the 1992 review, several issues remain. Many of these studies have drawn their sample from one region of the country or from one level of care within the juvenile justice system. As a result, several regions of the country have remained unstudied. Therefore, it has been suggested that the high prevalence rates found in these studies may not be representative of the juvenile justice population nationwide and may instead be attributable to the particular geographic region or facility in which the study was conducted. Furthermore, these studies have been limited by the fact that they often contained very small samples of girls and certain ethnic minorities. Therefore, the prevalence of mental health disorders among these subgroups is even less known.

Overview of Study

In response to the need for new research to overcome these remaining limitations, the National Center for Mental Health and Juvenile Justice (NCMHJJ), in collaboration with the Council of Juvenile Correctional Administrators (CJCA) and through support from the Office of Juvenile Justice and Delinquency Prevention (OJJDP), conducted the largest study of mental health problems to date on youth involved with the juvenile justice system. This paper summarizes the results of the NCMHJJ study.

The primary goal of this research endeavor was to comprehensively examine mental health and substance use disorders among youth involved with the juvenile justice system by collecting information on youth from

Figure 1. Number of diagnoses among youth with at least one disorder.



three previously understudied regions of the country and, within each region, from three different juvenile justice settings. Data were collected on over 1,400 youth from 29 different community-based programs, detention centers, and residential facilities in Louisiana, Texas and Washington. In addition, girls and certain minority youth (Hispanics and Native Americans) were oversampled in an effort to improve the knowledge base regarding these understudied populations. Additional information on the study methodology and sample characteristics is available upon request from the NCMHJJ.

Prevalence of Mental Health and Substance Use Disorders

The data collected during this study clearly indicate that the majority (70.4%) of youth in the juvenile justice system meet criteria for at least one mental health disorder.¹ Disruptive disorders are most common, followed by substance use disorders, anxiety disorders and mood disorders.

Given that many youth in the juvenile justice system meet a number of the criteria for conduct disorder simply as a result of their juvenile justice involvement, and, given that disruptive disorders are the most frequently occurring disorders in this study, it was possible that this high rate

1. Mental health disorders were identified using the Diagnostic Interview Schedule for Children – Voice Version IV (Voice DISC-IV; Shaffer et.al, 2000). The Voice DISC-IV is a structured contingency-based interview designed to measure the presence of over 30 different psychiatric diagnoses common among adolescents. All analyses exclude Separation Anxiety Disorder.

of disorder was largely attributable to a diagnosis of conduct disorder. However, upon further analysis, it was evident that this was not the case. Even after removing conduct disorder from the analysis (i.e., calculating the prevalence of any mental health disorder **except** conduct disorder), 66.3 percent of youth still met criteria for a mental health disorder other than conduct disorder.

Similarly, it was possible that many of these youth were adjudicated for drug-related offenses and that, as a result, substance use diagnoses accounted for the high prevalence of disorder. However, after removing substance use disorders from the analysis, 61.8 percent of youth still met criteria for a mental health disorder other than a substance use disorder. In fact, even if both conduct disorder **and** substance use disorders are removed from the analysis, almost half (45.5%) of the youth were identified as having a mental health disorder. Clearly, neither conduct disorder nor substance use disorders adequately account for the high prevalence rate of mental illness found in this study.

Comorbidity and Co-Occurring Disorders

The vast majority of youth who meet criteria for a DSM-IV diagnosis actually meet criteria for multiple disorders. This explains why the removal of conduct disorder and substance use disorders did not drastically reduce the overall prevalence rate. **Figure 1** depicts the number of diagnosed disorders among youth with at least one disorder. What is particularly striking is that over 60

percent of these youth actually met diagnostic criteria for three or more diagnoses.

For many youth in the juvenile justice system, their mental health needs are significantly complicated by the presence of a co-occurring substance use disorder. In fact, among those youth with a mental health diagnosis, 60.8 percent also met criteria for a substance use disorder. Co-occurring substance use disorders were most frequent among youth with a disruptive disorder, followed by youth with a mood disorder.

Youth with comorbid and co-occurring disorders pose a unique challenge to the juvenile justice system. Not only is the intensity of their needs likely to be greater, but proper response to their multiple needs requires increased collaboration, continuity of care, and the ability to recruit and retain providers with the ability to treat multiple needs. This is particularly true for those youth with both mental health and substance use needs, as they require integrated mental health and substance use treatment.

Gender Differences in the Prevalence of Mental Health Disorders

Over the past decade, the proportion of female offenders in the juvenile justice system has steadily risen (American Bar Association and National Bar Association, 2001). The growth of this population has brought with it new and unfamiliar challenges to the juvenile justice system. Justice-involved girls are at significantly higher risk for mental health disorders than boys.² In fact, more than 80 percent of the girls in this sample met criteria for at least one disorder, in comparison to 67 percent of boys. Much of this difference is attributable to higher rates of internalizing disorders among girls. In contrast, girls and boys experience more comparable rates of disruptive disorders and substance use disorders. For many of these girls, histories of trauma further complicate the effective response on the part of the juvenile justice system (Hennessey et al., 2004). **Figure 2** depicts the prevalence of anxiety, mood, disruptive and substance use disorders for males and females in this sample.

2. Controlling for age, race/ethnicity, type of facility, and state.

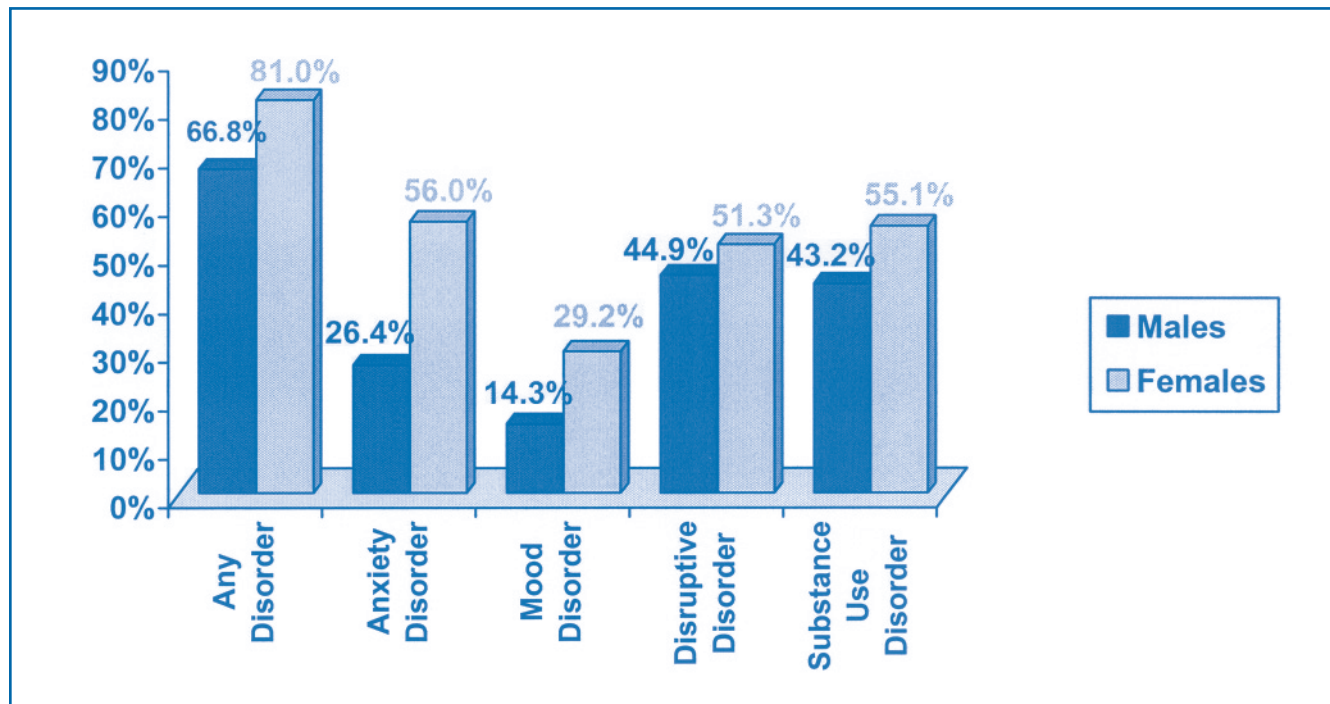


Figure 2. Prevalence of mental health disorders among males and females in the juvenile justice system.

Conclusion

Based on this research, it is now clear that the vast majority of youth involved with the juvenile justice system, anywhere from 65 percent to 70 percent, have at least one diagnosable mental health disorder. Even when conduct disorder is eliminated, over 65 percent of youth still met criteria for some other mental health disorder. Strikingly, of those youth with at least one disorder, more than 60 percent met criteria for three or more diagnoses. Girls are at significantly higher risk (80%) than boys (67%) for a mental health disorder, with girls demonstrating higher rates of internalizing disorders than boys. Substance use continues to be a major problem for many youth in the juvenile justice system, with 60.8 percent of youth with a mental health diagnosis also meeting criteria for a substance use disorder. This new information broadens the collective understanding of the prevalence of these disorders among the juvenile justice population, and can serve to help juvenile justice and mental health administrators and policymakers make more informed decisions about effective interventions for these youth. This multi-state, multi-system study confirms the high rate of disorder found in earlier studies that often were limited to a particular site or level of care, and provides further support for the critical need for improved mental health services for justice-involved youth.

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