

Diversion

On any given day, over 100,000 youth are being held in custody in juvenile justice facilities across the country, either awaiting trial in detention centers or having been placed in residential facilities after being adjudicated delinquent. There is a growing body of research suggesting that many of these youth meet the criteria for at least one mental health disorder, and that at least one out of every five have what is considered to be a serious mental disorder, often coupled with a co-occurring substance use disorder (Cocozza and Skowyra, 2000).

The placement of these youth in juvenile justice facilities is part of a growing tendency toward the “Criminalization of the Mentally Ill.” This phrase refers to the increasing trend of placing individuals with mental health disorders in the justice system. Often, the placement is seen as a means of accessing mental health services that are otherwise unavailable or inaccessible in the community. While this trend has been evident at the adult level for some time, it is now being observed at the juvenile level as well. Thus, the juvenile justice system is viewed as becoming the “public mental health system” for large numbers of youth.

While efforts have been made to develop programs to divert adults with mental health disorders into community-based settings, far less emphasis has been placed on developing diversion programs for youth, particularly those with mental health and co-occurring substance use disorders. Given the needs of these youth and the documented inadequacies of their care within the juvenile justice system, there is a growing sentiment that “whenever possible, youth with serious mental health disorders should be diverted from the juvenile justice system” (Cocozza and Skowyra, 2000). Potential benefits of diversion for these youth include reducing recidivism, providing more effective and appropriate treatment, decreasing overcrowding of detention facilities, facilitating the further development of community mental health services, increasing the safety of detained youth, improving working relationships of cross-system groups, expediting court processing of youth into services and encouraging family participation in treatment (Arredondo, et al., 2001).

Given the growing issues surrounding these youth and the gaps in knowledge and practice, it is critical that we begin to better identify and assess - across the juvenile justice and mental health fields - effective and promising models for diversion. This chapter of the Resource Kit provides background information on the issue of juvenile diversion- what the research literature tells us about about the key elements and benefits of juvenile diversion for youth with mental health needs.

References

Arredondo, D., Kumli, K., Soto, L., Colin, E., Ornellas, J., Davilla, R., Edwards, L., Hyman, E. (2002) *Juvenile Mental Health Court: Rationale and Protocols*. *Juvenile and Family Court Journal*, 52(4).

Cocozza, J., Skowyra, K. (2000) *Youth with Mental Health Disorders: Issues and Emerging Responses*. *Office of Juvenile Justice and Delinquency Prevention Journal*, 7(1).