

C006787 ABSTRACT: This report surveys the prevalence of mental disorder in juvenile justice facilities and to compare changes in mental health needs for females and males over time. The mental health issues of incarcerated males versus females assessed in 1988-90 and 1995-96 were compared. Males and females were roughly equivalent demographically and on measures related to mental health at the time of the first assessment. Both males and females evidenced significantly more mental health issues at the time of the second assessment. Most notably, girls assessed at Time 2 displayed significantly more mental health needs than boys at Time 2. The estimated prevalence of mental disorder at Time 2 for boys was 27%, compared with 84% for girls. The difference is highly significant and is discussed in terms of service system issues in juvenile justice that affect males and females differently (authors).

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Comparing the Mental Health Needs of Female and Male Incarcerated Juvenile Delinquents

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The present study was undertaken to survey the prevalence of mental disorder in juvenile justice facilities and to compare the mental health needs for females and males. Girls displayed significantly more mental health needs than boys. The estimated prevalence of mental disorder for boys was 27%, compared with 84% for girls. The difference is highly significant and is discussed in terms of service system issues in juvenile justice that affect males and females differently. ©1997 by John Wiley & Sons, Ltd.

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INTRODUCTION

Psychiatric and behavioral disorders of youth in the juvenile justice system, have become a focus of attention as the overlap between mental health and juvenile justice populations has gained attention (Melton, 1992; Henggeler, 1995). As Melton (1992) points out, youth involved in the juvenile justice system are almost by definition, diagnosable as having Conduct Disorders. However, the overrepresentation of many other psychiatric disorders in juvenile justice involved youth has also been demonstrated by a number of epidemiological studies.

Otto, Greenstein, Johnson and Friedman (1992) reviewed thirty-two studies which assessed the mental health concomitants of juvenile justice involved youth. Estimates based on epidemiological research in child mental health suggest that, of the approximately 1.25 million referrals to the Juvenile Justice system in 1989, mental health involvement was present for some 118,700

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(9.5%) to 186,600 (14.9%) youth. The number of youth evidencing a substance use disorder is estimated to be between 17,000 (1.4%) and 271,400 (21.7%). Studies summarized in Otto *et al.* (1992) indicate the assessed frequency of psychiatric disorders in juvenile justice populations. In studies conducted by Cairns *et al.* (1988), Davis, *et al.* (1991) and Halikas, *et al.* (1990), for example, conduct disorder has ranged between 50 and 90%. Attention Deficit Hyperactivity Disorder has ranged between 19 and 46% in studies conducted by Student and Myhill (1986), and Hollander and Turner (1985). Personality disorders ranged between 2 and 46% in studies conducted by Hollander and Turner (1985) and Friedman and Kutash (1986). Mood disorders, grouped together, ranged between 32 and 78% in studies conducted by McPherson (1991) and Winter (1991).

Anxiety Disorders, including PTSD, were estimated at between 6 and 41% in studies by Coccoza and Ingalls (1984) and McPherson (1991). Psychotic disorders ranged between 1 and 6% in a study by Winter (1991). McManus, Alessi, Grapentine, and Brickman (1984), employing structured interviews and companion measures, found that schizophrenic spectrum disorders were present at a higher rate among the serious juvenile delinquents than among random samples of juvenile delinquents employed in previous studies (10%).

An epidemiological study describing mental health needs of youth in the juvenile justice system in Ohio was conducted by Davis, Bean, Schumacher, & Stringer (1991). Davis *et al.* (1991) found that an important percentage of committed youth evidenced a mental disorder (18.3% had previously used inpatient mental health services, and 27% had used outpatient mental health services). In addition, many youth had a history of suicide attempts (13.5%) or had made suicidal threats (21.3%).

In a majority of investigations exploring the rates of depression and depressive symptoms found in non-clinical samples of adolescent males and females, girls have exhibited depressive symptoms, and have had a higher incidence of depression, than their male counterparts (Allgood-Merten, Lewinshon and Hops, 1990; Chwast, 1961; Ostrov, Offer and Howard, 1989). This difference was very pronounced in a study on delinquent youths, with 20 percent of the females being diagnosed as having severe depression, and only 5 percent of the males being similarly diagnosed (Chwast, 1961).

Other research on adolescent psychiatric symptomatology has indicated important differences in how males and females express suicidal and stress symptoms (Locksley and Douvan, 1979). Shamsie (1981), reviewing literature pertaining to delinquent adolescents, distinguished between milder antisocial behavior with accompanying anxiety and depression, and chronic conduct disorder offenders. The differential distribution of these two categories of delinquents for males and females is suggested. Psycho-physiological issues (e.g. pregnancy and reproductive issues) may also distinguish adjudicated young women from the young men. In a study of female delinquents' diagnoses using DICA (Diagnostic Interview for Children and Adolescents) (Myers, Burket, Lyles, Stone, & Kempf, 1990), current prevalence of diagnoses averaged 3.4. Percentages of frequent diagnoses included: conduct disorder (100%); substance abuse (87%); mood disorder (80%); anxiety disorder (47%); ADHD (20%) and enuresis (20%). No psychotic spectrum disorders were reported.

The present study compared the mental health needs of males and females currently incarcerated in Ohio.

METHOD

In order to meet the goals of the study, to survey the prevalence of mental disorder in a juvenile justice population, a multi-method assessment was devised. The battery of tests selected included clinician-rated and youth self-report measures employing objective diagnostic criteria and reflecting a range of severity.

Participants were 173 delinquents, 121 males and 52 females, who were assessed in 1995–96. Youth assessed were selected randomly from one male institution and the sole female institution in the State of Ohio.

Subjects were selected to participate in DISC interviews based on their availability. Twenty-five males and 25 females participated in the DISC. The sub-sample was selected randomly from the participants. Sub-sample selection was deemed necessary due to the amount of time needed to complete DISC administration (up to six hours for some youth).

Age and race of participants across sex were equivalent. Male participants averaged 15.90 years of age compared with female participants who averaged 15.66 years of age.

Girls had completed significantly fewer grades in school ($M = 5.25$) compared with boys ($M = 8.57$, $t = 5.66$, $df = 162$, $p < 0.001$). Males and females committed equivalent level and number of felonies. The mean level of felony committed by males was 2.71, while females' felonies averaged 2.62 ($t = 0.21$, $df = 171$, ns). (Felonies are ranked from 0 for murder through 4.) The mean number of felonies committed by males was 2.21, while females had committed 1.71 prior felonies ($t = 1.94$, $df = 171$, ns). Males averaged 98.34 days of incarceration at time of testing (s.d. = 67.78), while females averaged 347.34 days (s.d. = 53.67; $t = -4.608$, $df = 50$, $p < 0.001$).

Procedure

Parents of youth were contacted by letter and by telephone. A log documenting parent notification was kept by the project staff. The superintendent of the institution wherein the youth was incarcerated signed consent forms as agent of the legal guardian (ODYS) of youth. Verbal and written explanations of study were provided to youth prior to testing, and youth were advised that study participation was voluntary.

Youth participated in face-to-face interviews and completed paper and pencil questionnaires. Interviews were conducted individually. Paper and pencil questionnaires were administered to some youth individually and to other youth in group testing sessions. The instruments administered to youth and the number of youth who completed each instrument is as follows: DISC (Diagnostic Interview Schedule for Children): 25 males, 25 females; SCL-90-R (Symptom Checklist-90-Revised): 119 males, 50 females; MACI (Millon Adolescent Clinical Inventory): 119 males, 45 females.

The Symptom Checklist-90-Revised (SCL-90-R) (Derogatis, 1994) is a 90 item self-report questionnaire which assesses a variety of dimensions of symptomatic functioning and levels of symptomatology. Each item describes potential symptom behavior and the respondent is asked to rate on a five point scale (0 to 4) how much discomfort the symptom caused during the preceding week. Nine primary scales (Somatization, Obsessive-Compulsive, Interpersonal Sensitivity, Hostility, Phobic Avoidance, Paranoid Ideation and Psychoticism) and three global severity indices (Global Severity Index, Positive Symptom Distress Index and Positive Symptom Total) yield sub-scores. The SCL-90-R was used to establish prevalence rates of mental disorder in the samples. Any youth who received a T score of 70 or greater on any of the subscales or dimensions was said to suffer from mental disorder. Norms used to establish T scores were adolescent male and female non-patient norms.

The Millon Adolescent Clinical Inventory (MACI) (Millon, 1993), originally adapted from the Millon Clinical Multiaxial Inventory (MCMI) for use with adolescents, is a newly standardized measure. The inventory is comprised of 160 true-false items that load on 30 subscales.

The DISC is a version of the DISC (Diagnostic Interview Schedule for Children) (Costello, Edelbrock, Kalas, Kessler & Klaric, 1984) developed by researchers associated with NIMH to measure presence of disorders classified by the Diagnostic and Statistical Manuals of Mental Disorders. The instrument is a very long interview which is constructed according to the decision trees of the DSM.

Instruments were scored according to procedures published in the manuals, with the exception of the DISC for which no modern scoring system could be found. A scoring system was devised and keyed to DSM-IV, which allows results to be compared to current nomenclature.

RESULTS

The principal analyses employed independent samples *t*-tests. Levene's test for equality of variances was used to determine whether to use an equal or unequal means estimate of the *t*. When the *F* resulting from Levene's test was significant at the 0.05 level, the unequal estimate of *t* was selected. SPSS for Windows computed Student's *t* values. Chi squares were employed to test frequency distribution of dichotomous variables. Yates' correction for continuity was employed for all chi squares having cells with a frequency of 20 or less.

Overall, the results of the present study indicate that females presently incarcerated have a greater prevalence of mental health need than males currently incarcerated. Using a cut-off T score of 70 on any SCL-90-R subscale or dimension, 27% of males and 84% of females presently incarcerated exhibited significant mental health needs. Elevations greater than 98% of the norm-referenced sample are represented by a T score above 70, and a cut-off score of 70 is generally considered to constitute the clinical range for the test. A chi-square comparing frequency of male and female mental health needs yields a value of 46.24 (*df* = 1, *p* < 0.001). Females also exhibited significantly higher elevations on 11 of 12 SCL-90-R scales compared with males. (see Table 1). Despite differences in length of stay for males and females, no SCL-90-R ANCOVAS resulted in

Table 1. SCL-90-R Score Comparisons: Males ($n=121$) to Females ($n=52$)

| SCL-90-R Subscales | Gender | | <i>t</i> -value (df) | |
|---------------------------------|-----------------|-------------------|----------------------|-----|
| | Male (std.dev.) | Female (std.dev.) | | |
| Anxiety | 0.80 (0.81) | 1.30 (0.98) | -3.2 (78.9) | ** |
| Depression | 1.01 (0.75) | 1.45 (0.87) | -3.3 (167) | ** |
| Global Severity | 0.94 (0.69) | 1.39 (0.77) | -3.77 (166) | *** |
| Hostility | 1.33 (1.07) | 2.11 (1.28) | -4.17 (167) | *** |
| Interpersonal Insensitivity | 0.79 (0.69) | 1.30 (0.84) | -3.83 (77.9) | *** |
| Obsessive-Compulsive | 1.20 (0.87) | 1.56 (0.82) | -2.51 (167) | * |
| Paranoid | 1.28 (0.96) | 1.73 (0.93) | -2.81 (166) | ** |
| Phobic Anxiety | 0.44 (0.68) | 0.69 (0.89) | -1.73 (75.9) | NS |
| Positive Symptom Distress Index | 1.90 (0.83) | 2.23 (0.71) | -2.49 (166) | * |
| Positive Symptom Total | 42.61 (22.15) | 53.36 (21.63) | -2.90 (166) | ** |
| Psychoticism | 0.78 (0.71) | 1.20 (0.95) | -2.79 (73.4) | ** |
| Somatization | 0.90 (0.82) | 1.24 (0.82) | -2.48 (167) | * |

* $p < 0.05$ ** $p < 0.01$ *** $p < 0.001$.

significant differences by gender attributable to the amount of time a youth had spent in incarceration at the time of testing.

On the MACI, females exhibited significantly higher elevations than males on 13 scales, while males were significantly higher on four scales. Interestingly, the scales significantly elevated by males included: Anxious Feelings, Conforming, Introversive, and Submissive. Females were significantly higher than males on scales such as: Suicidal Tendency, Substance Abuse Proneness, Impulsive Propensity, Family Discord, Childhood Abuse, Body Disapproval, Eating Dysfunctions, Delinquent Predisposition, Disclosure, Forceful, Oppositional, Social Insensitivity, and Unruly. On the whole females' endorsements on the MACI appear more delinquent than males'. The relative elevations suggest that both males and females exhibit delinquent personality patterns, however. (see Table 2). Four MACI subscales (Conforming, Disclosure, Forceful and Submissive) were effected by length of stay. The four subscales all reflected significant differences. When ANCOVAS were performed, and length of stay covaried, the main effect for gender was sustained at the level of significance previously reported.

DISC results indicate that both males and females averaged about the same number of diagnoses, just over 5. The range of diagnoses for males was from one to eight, whereas for females the range was from three to ten. Conduct disorders were most prevalent, followed by substance abuse disorders, ADHD, mood disorders, sleep disorders, anxiety disorders, psychotic spectrum disorders, and, for girls, eating disorders. Chi-square analyses revealed one significant difference in frequencies of diagnoses across sexes: males evidenced substance abuse disorders significantly more often than females (Table 3).

DISCUSSION

Based on the study data, a conservative estimate of the prevalence of mental disorder in the current sample is 27% for males, and 84% for females. There was

Table 2. MACI Score Comparisons: Males ($n = 121$) to Females ($n = 52$)

| MACI Subscales | Gender | | <i>t</i> -value (df) |
|---------------------------|-----------------|-------------------|----------------------|
| | Male (std.dev.) | Female (std.dev.) | |
| Anxious feelings | 47.14 (18.5) | 40.4 (18.8) | 2.08 (162) * |
| Body disapproval | 20.0 (19.9) | 37.8 (29.0) | -3.80 (60.3) *** |
| Borderline tendency | 46.15 (24.1) | 49.89 (19.5) | 0.93 (162) NS |
| Childhood abuse | 38.97 (20.1) | 58.49 (26.7) | -4.44 (64.7) *** |
| Conforming | 46.80 (15.2) | 36.87 (20.9) | 2.91 (62.5) ** |
| Debasement | 56.66 (17.9) | 51.53 (20.3) | 1.58 (162) NS |
| Delinquent predisposition | 79.78 (16.6) | 87.58 (16.7) | -2.68 (162) ** |
| Depressive affect | 56.74 (26.4) | 62.33 (24.1) | -1.24 (162) NS |
| Desirability | 65.56 (16.9) | 59.67 (23.0) | 1.57 (62.8) NS |
| Disclosure | 61.26 (17.6) | 70.09 (19.4) | -2.79 (162) ** |
| Doleful | 60.07 (23.1) | 57.51 (19.6) | 0.66 (162) NS |
| Dramatizing | 59.54 (19.5) | 63.24 (18.2) | -1.11 (162) NS |
| Eating dysfunctions | 16.44 (13.4) | 35.11 (23.6) | -5.01 (55.2) *** |
| Egotistic | 54.63 (17.3) | 61.98 (23.3) | -1.92 (63.2) NS |
| Family discord | 66.85 (17.3) | 78.96 (16.8) | -4.04 (162) *** |
| Forceful | 53.11 (27.1) | 75.31 (27.8) | -4.65 (162) *** |
| Identity diffusion | 51.35 (18.1) | 53.53 (18.1) | -0.69 (162) NS |
| Impulsive propensity | 67.82 (22.1) | 84.29 (24.5) | -4.13 (162) *** |
| Introversive | 48.44 (19.7) | 41.24 (16.5) | 2.18 (162) * |
| Oppositional | 65.66 (14.9) | 72.27 (13.7) | -2.60 (162) * |
| Peer insecurity | 47.84 (23.5) | 48.91 (23.2) | -0.26 (162) NS |
| Substance abuse proneness | 75.86 (29.2) | 87.36 (29.1) | -2.25 (162) * |
| Self-devaluation | 49.02 (25.8) | 46.78 (24.2) | 0.50 (162) NS |
| Self-demeaning | 46.32 (24.6) | 48.29 (16.7) | -0.59 (116) NS |
| Sexual discomfort | 38.08 (14.2) | 41.80 (15.4) | -1.47 (162) NS |
| Social insensitivity | 76.30 (21.0) | 87.36 (21.9) | -2.97 (162) ** |
| Submissive | 49.68 (18.2) | 38.71 (18.7) | 3.42 (162) ** |
| Suicidal tendency | 29.50 (19.0) | 45.53 (25.5) | -3.84 (63.3) *** |
| Unruly | 75.34 (17.6) | 86.29 (22.1) | -3.31 (162) ** |

* $p < 0.05$ ** $p < 0.01$ *** $p < 0.001$

surprising over-representation of youth in the study sample with serious psychotic disorders, as compared with previous surveys, other juvenile justice samples (McManus *et al.*, 1984), and national samples of adolescents in the general public. These findings have important implications for treatment planning and program planning within the juvenile justice system, and raise some interesting issues for further exploration.

Given the serious mental health needs exhibited by youth, staff may be challenged by new demands relating to the presence of psychiatric illness in the juvenile justice population. Training for staff to recognize signs of depression, anxiety and psychotic disorders, as well as precursors of suicidal tendency, is highly recommended.

The particular needs and evidenced rate of disorders among female offenders may aid in informing the design of intervention efforts. Research sponsored by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) cites the increase in numbers of female offenders and describes their program needs. The study (Plotch, Hahn & Reis, 1996) finds that girls are twice as likely to be detained prior to a hearing and, on average, are detained three to five times longer than males. Girls are also more likely to be placed out of the home when they come to the attention of the juvenile justice system. The study concludes that a justice system oriented to

Table 3. Diagnoses Derived Using the DISC

| Diagnoses | Male (n = 25) | | Female (n = 25) | | χ^2 | |
|--|---------------|-----|-----------------|----|----------|----|
| | # | % | # | % | | |
| Conduct Disorder | 25 | 100 | 24 | 96 | 0 | NS |
| Substance Abuse Disorder | 22 | 88 | 14 | 56 | 4.86 | * |
| Attention Deficit Hyperactivity Disorder | 19 | 76 | 17 | 68 | 0.099 | NS |
| Mood Disorder | 18 | 72 | 22 | 88 | 1.13 | NS |
| Sleep Disorder | 17 | 68 | 19 | 76 | 0.099 | NS |
| Anxiety Disorder | 13 | 52 | 18 | 72 | 1.36 | NS |
| Psychotic Disorder | 4 | 16 | 3 | 12 | 0 | NS |
| Eating Disorders | 0 | 0 | 4 | 16 | 2.44 | NS |

* $p < 0.05$.

the needs of males will need to incorporate the new knowledge about the causes of delinquency in girls in order to program for them appropriately (Plotch, Hahn & Reis, 1996).

It is important to note that prevention efforts could be informed by the present study. Early identification and appropriate treatment for youth with mental disorders within the juvenile courts and incarcerating institutions could be helpful in preventing decompensation, suicide attempts, and other negative outcomes.

The rates of mental disorder found in the present survey indicate that timely psychopharmacological and psychotherapeutic treatment should be provided to incarcerated youth. Youth who evidence major mood disorders and schizophrenic spectrum disorders should have the opportunity to be evaluated for pharmacological intervention. Youth who suffer from minor mood disorders and anxiety disorders may need to be evaluated for medication, but could also benefit from targeted psychotherapeutic interventions.

Certain limitations of the present study must be acknowledged and may point to directions for future studies. The lack of a comparison group of non-juvenile justice involved youth administered the measures used in the present study limits the direct applicability of the results to a non-incarcerated population of adolescents. Another limitation of the study relates to the selection of measures. Using the DISC, some DSM-IV diagnoses could not be made because information needed to make diagnoses was not requested in the interview. It is important to note that, using a version of the DISC that asked for additional information, the number of diagnoses per youth would likely be higher.

Directions for future work include continuing to assess the differential presentation of mental health needs by female and male juvenile delinquents. In the present study, females were found to be committing crimes as serious as those committed by males. There is one institution in which to house female offenders in Ohio and seven institutions which house male offenders. Future work might assess, prospectively, the mental health needs of youth diverted to community services compared with incarcerated youth among both males and females.

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