

C010124 ABSTRACT: Preliminary data from the baseline study of juvenile detainees show that two-thirds of the youth have one or more alcohol, drug and mental (ADM) disorders. Females have far greater mental health needs and greater risk factors than males. Preliminary data suggest that, nationwide, more than 670,000 youth processed in the juvenile justice system each year would meet diagnostic criteria for one or more ADM disorders that require mental health and/or substance abuse treatment.

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Assessing Alcohol, Drug, and Mental Disorders in Juvenile Detainees

by Linda A. Teplin

Between 1987 and 1996, the volume of cases handled by juvenile courts increased 49 percent. As a result, greater numbers of youth became involved in the juvenile justice system than ever before. Mental health professionals believe, based on the limited data available, that a high percentage of these youth have alcohol, drug, and mental (ADM) disorders. Without effective treatment, many will continue to engage in behaviors that endanger themselves and their communities, and some will not live to see their youthful potential fulfilled. In addition, without effective treatment, many of these youth will go on to become part of an already overburdened adult criminal justice system. Providing mental health services to this population is essential.

Although mental health professionals posit that a significant percentage of youth involved in the juvenile justice system have unmet needs for mental health and substance abuse services, few empirical data exist to support this contention. The Northwestern Juvenile Project is addressing this issue. Beginning in 1995, researchers examined ADM disorders among 1,830 delinquent youth (1,172 males and 658 females) held in the Cook County (Chicago, IL) Juvenile Temporary Detention Center. A longitudinal component to this study of delinquent youth was added in November 1998, funded by the Office of Juvenile Justice and Delinquency Prevention (OJJDP), other Federal agencies, and private foundations. This Fact Sheet describes the goals and current status of the Northwestern Juvenile Project, suggests some preliminary findings, and discusses their implications for the juvenile justice system.

Baseline Study

The baseline study had two specific goals: (1) assess ADM disorders in a random sample of juvenile detainees and (2) determine the extent to which detainees who needed ADM services received them while in the custody of the juvenile justice system and the extent to which the youth were referred for ADM services at their case dispositions.

Between November 1995 and June 1998, interviewers administered the Diagnostic Interview Schedule for Children (DISC) and other assessment instruments to a random sample of 10- to 18-year-old detainees shortly after their arrests. Functional impairment was assessed using the Children's Global Assessment Scale (CGAS) and the Columbia Impairment Scale (CIS). The Child and Adolescent Services Assessment—Modified (CASA-M) was used to collect data on prior service usage. Data on educational deficits, criminal history, history of physical and sexual abuse, and demographic variables were also collected. In addition to interviewing subjects, extensive archival data (e.g., arrest and incarceration history, treatment in the public health system, history of neglect or abuse) were collected from official records, and urine samples were obtained from subjects for drug testing.

At the baseline interview, information such as names and addresses of friends and relatives was collected from the youth so that contact could be maintained and the youth could be reinterviewed in the future. Following release, each youth receives four mailings a year designed to foster their continuing participation in the program.

Longitudinal Study

The longitudinal component of the study explores three areas of critical importance to the juvenile justice system:

- ◆ **ADM disorders:** Researchers are examining persistence and change in ADM disorders (including onset, remission, and recurrence), comorbidity (co-occurrence of two or more disorders), associated functional impairments, and the risk and protective factors related to these disorders and impairments.
- ◆ **Service use:** Researchers are assessing if and when juveniles who need ADM services receive them (whether they are in the community or incarcerated), which system provides them (e.g., mental health, juvenile justice, adult corrections), and patterns of service use over time.
- ◆ **Risky behaviors:** Researchers are examining three behaviors that are often associated with ADM disorders—drug use,

violence, and activities involving HIV/AIDS risk—along with the patterns and sequences of these risky behaviors, their antecedents, and ways in which the behaviors are interrelated.

Followup interviews of the original sample are conducted 3 years and 4½ years after the baseline interview. A subsample (1,000 youth) is interviewed more frequently—every 6 months. Caretakers of youth under 18 years of age are also being interviewed. Researchers have obtained court orders allowing access to all records and continue to collect data from official records and other sources on ADM service use, ADM service availability, criminal behavior, and mortality. Longitudinal data on juvenile detainees will help enhance understanding of ongoing ADM service needs, pathways into treatment, patterns of ADM service use, and barriers to treatment.

Preliminary Results

Preliminary data from the baseline study of juvenile detainees show that two-thirds of the youth have one or more ADM disorders. Females have far greater mental health needs and greater risk factors than males. Preliminary data suggest that, nationwide, more than 670,000 youth processed in the juvenile justice system each year would meet diagnostic criteria for one or more ADM disorders that require mental health and/or substance abuse treatment.

Implications for the Juvenile Justice System

Studies of youth in the general population demonstrate significant levels of unmet need for ADM services. For example, Costello et al. (1988) reported that while 22 percent of pediatric patients qualified for a DSM diagnosis,¹ only 1.9 percent received mental health services during the previous year.

The lack of effective treatments for youth in the community increases the burden on juvenile justice facilities. Other trends

¹ American Psychiatric Association. 1980. *Diagnostic and Statistical Manual of Mental Disorders, Third Edition (DSM-III)*. Washington, DC: American Psychiatric Association.

may also contribute to an increased need for ADM services in juvenile justice facilities: decreasing public funds for services in the community, rising numbers of uninsured children, and increasing numbers of youth entering the juvenile justice system.

The Northwestern Juvenile Project is the first large-scale longitudinal study of ADM disorders, service needs, and service use among juvenile detainees. The project is one of several OJJDP-supported initiatives directed at understanding the complex problem of juvenile offenders. OJJDP's Study Groups on Serious and Violent Juvenile Offenders and Very Young Offenders, the Program of Research on the Causes and Correlates of Delinquency, the Prospective Study of Serious Adolescent Offenders, and the Children-at-Risk program are also important investigations that target high-risk adolescents.

For Further Information

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Reference

Costello, E.J., Costello, A.J., Edelbrock, C., Burns, B.J., Dulcan, M.K., Brent, D., and Janiszewski, S. 1988. Psychiatric disorders in pediatric primary care: Prevalence and risk factors. *Archives of General Psychiatry* 45:1107-1116.

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