

PHR

Physicians for  
Human Rights

## Mental Health in the Juvenile Justice System

The prevalence of mental health disorders among adolescents in the justice system is alarming: federal studies estimate that 50-75% of incarcerated kids have diagnosable mental health disorders and nearly half have substance abuse problems. Many of these kids might have avoided the justice system altogether if they had been able to access mental health services. Instead, children are incarcerated, where poor conditions and mistreatment exacerbate mental health conditions and behavioral problems. One study revealed that only 4% of adjudicated adolescents receive a mental health placement. National reform is imperative in order to provide mental health screening, comprehensive evaluation and appropriate treatment for these children.

### **Mental Health Crisis in Juvenile Justice**

The prevalence of mental health disorders among adolescents in the justice system (50-75%) is comparable to prevalence rates in the mental health system (60-80%) and far exceeds the 25% of mental health disorders among the general population.

The most common disorders among children in the justice system are depression, anxiety disorders, post traumatic stress disorder, attention deficit hyperactivity disorder, conduct disorder, schizophrenia, autism spectrum disorders, and mental retardation. Many of these conditions are exacerbated by histories of physical, sexual and emotional abuse; parental drug or alcohol use; poor school performance or truancy, and family conflict.

### **Developmental and Learning Disabilities**

Youth with mild or undiagnosed developmental disabilities are often mistaken as having behavioral problems because they exhibit poor impulse control and negative social interaction. Those with learning disabilities may also feel marginalized, contributing to low self-esteem, truancy and acting out. One study in a Maryland juvenile detention facility revealed that 31% of those detained had borderline intellectual functioning or mental retardation, 11% were diagnosed with learning disabilities, and 37% were in need of special education services.

### **Co-occurring Disorders & Substance Abuse**

Two-thirds of youth in the justice system have co-occurring disorders, which compound the challenges in diagnoses and treatment. Approximately one-third of these have mood disorders, such as depression.

A number of studies have also shown an association between conduct disorder, attention deficit hyperactivity disorder and substance abuse. Research indicates that in over 80% of these cases, the mental health disorder *preceded* the addictive disorder.

Integrative treatment is essential to address the complex conditions of dual diagnoses and should be offered by clinicians trained in both disorders. This approach is highly preferred over sequential or parallel treatment, where different therapy styles can cause confusion and contradiction.

*We are overwhelmed by the sheer number of mentally challenged youth that we must deal with. We have become the depository of last resort for all acting out, behaviorally challenged, developmentally disabled [youth] when others don't know how to handle them.*

California detention

*The availability of mental health services in this area is slim to none.... We appear to be warehousing youths with mental illness due to lack of mental health services."*

Louisiana detention administrator

# Mental Health in the Juvenile Justice System

## “Jails have Become Surrogate Mental Hospitals”

The high rate of these disorders among incarcerated youth is an indicator of lack of access to mental health treatment. A 2004 investigation by the US House of Representatives' Committee on Government Reform found that two-thirds of juvenile detention facilities hold youth while waiting for community mental health treatment, even though these children have no criminal charges pending against them. Over a six-month period, facilities in 47 states spent over \$100 million to house 15,000 youth, as young as 7 years old, in need of mental health services.

There are dire consequences if mental services cannot be accessed in the community. In 2003, over 12,000 families relinquished parental custody of their children to the child welfare system in order to access mental health treatments they could not afford. Parents are then denied authority to make medical, educational and other important decisions about their children's lives.

According to a national study, juvenile facilities are not equipped to provide necessary mental health services study. Administrators reported that 27% of detention centers had poor, very poor, or no mental health services, and 54% of the staff received poor, very poor or no mental health training.

## Health Professionals, YOU Can Make a Difference!

Health professionals can speak with authority on the physical, mental and emotional health of children and can advocate for developmentally-appropriate services that meet youths' needs. **Take action** to support the health and human rights of youth in the justice system:

- Sign up to receive action alerts from PHR
- Arrange Grand Rounds on health issues of incarcerated youth
- Call legislators to support scientific and humane reform
- Write letters to the Editor and Op-Eds that highlight these issues
- Contact your local juvenile court or advocacy group to volunteer
- Monitor local detention facilities to learn first-hand about conditions
- Join PHR and support the Health and Justice for Youth Campaign

## Physicians for Human Rights

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*Complete references available on website*

*Early intervention is critical! Adults with severe mental illness and substance abuse have high rates of hospitalization, incarceration, housing instability, and homelessness.*

## A Crying Need for Mental Health Reform

National efforts must be made to increase prevention, early identification and intervention, assessment, outpatient treatment, home-based services, wrap-around services, family support groups, day treatment, residential treatment, crisis services and inpatient hospitalization.

Studies demonstrate that adolescents in community-based programs are more likely to receive appropriate mental health services than those who are incarcerated; these programs also allow youth to remain in their homes, schools and communities. Additionally, community-based programs have lowered recidivism rates by 25%– some by as much as 80%.

## What Health Professionals Can Do

Health professionals have the ability to educate the general public and policymakers on issues affecting the well-being and healthy development of young people, especially those in the justice system. In particular, child and adolescent psychiatrists, psychologists and social workers can demonstrate the need for mental health services, while pediatricians and family practice physicians can establish the value of integrated services attending to the health of the "whole child."

### Health & Justice for Youth Fact Sheets

- Health & Human Rights
- Youth in the Adult Criminal System
- Adolescent Brain Development
- Mental Health Needs of Youth
- Youth of Color in the Justice System
- Girls in the Justice System



## Mental Health in the Juvenile Justice System

*This fact sheet was developed using the following sources:*

“Assessing the Mental Health Status of Youth in Juvenile Justice Settings.” *OJJDP Bulletin*. August 2004. Available at: <http://www.ncjrs.gov/html/ojjdp/202713/intro.html>

Changing Border of Juvenile Justice, Executive Summary. Available at: <http://www.mac-adoldev-juvjustice.org/changingbordersfinal.pdf>

Coalition for Juvenile Justice. “Handle With Care: Serving the Mental Health Needs of Young Offenders: 2000 Annual Report”. Washington, DC. Overview available at: <http://www.juvjustice.org/publications/overview.pdf>

Cocozza, J., and Skowrya, K. (2000). “Youth with Mental Health Disorders: Issues and Emerging Responses.” Office of Juvenile Justice and Delinquency Prevention Journal, 7(1), 3-13. Available at: [http://www.ncmhjj.com/resource\\_kit/pdfs/Overview/Readings/YouthMHDis.pdf](http://www.ncmhjj.com/resource_kit/pdfs/Overview/Readings/YouthMHDis.pdf)

Grisso, T, Schwartz, R. editors. (2000). “Youth on Trial: A Developmental Perspective on Juvenile Justice, Executive Summary”. Available at: <http://www.mac-adoldev-juvjustice.org/Youth%20on%20Trial%20Exe%20Summ.pdf>

Human Rights Watch (2003). “Ill-Equipped: U.S. Prisons and Offenders with Mental Illness.” Available at: <http://www.hrwatc.org/reports/2003/usa1003/usa1003.pdf>

MacArthur Research Network on Adolescent Development and Juvenile Justice. Available at: <http://www.mac-adoldev-juvjustice.org/>

McGarvey, Ayelish. “A Culture of Caring”. *The American Prospect*, Sept. 10 2005. Available at: [http://www.ctjja.org/media/resources/resource\\_131.html](http://www.ctjja.org/media/resources/resource_131.html)

Marcus, D. “Communities Helping Kids”. *The American Prospect*, Sept. 10 2005. Available at: [http://www.ctjja.org/media/resources/resource\\_130.html](http://www.ctjja.org/media/resources/resource_130.html)

Mental Health America (formerly National Mental Health Association). Juvenile Justice Fact Sheets. Available at: <http://www1.nmha.org/children/justjuv/>

“Mental Health and Juvenile Justice: Moving Towards More Effective Systems of Care”. National Health Policy Forum, July 22, 2005. Available at: [http://www.nhpf.org/pdfs\\_ib/IB805\\_JuvJustice\\_07-22-05.pdf](http://www.nhpf.org/pdfs_ib/IB805_JuvJustice_07-22-05.pdf).

National Center for Mental Health and Juvenile Justice. Available at: <http://www.ncmhjj.com/>

National Mental Health Association (2005). “Treatment Works For Youth In The Juvenile Justice System.” Available at: <http://www.nmha.org/children/justjuv/treatment.cfm>

## *Sources, Continued*

Otto, R., Greenstein, J., Johnson, M., Freidman, R. In Coccozza, J. (ed.) "Prevalence of Mental Disorders Among Youth in the Juvenile Justice System." *Responding to the Mental Health Needs of Youth in the Juvenile Justice System* Seattle, WA. National Coalition for the Mentally Ill in the Criminal Justice System, 1992. Available at: [http://www.ncmhji.com/resource\\_kit/pdfs/Prevalence/Readings/PrevDisJJSys.pdf](http://www.ncmhji.com/resource_kit/pdfs/Prevalence/Readings/PrevDisJJSys.pdf)

Surgeon General's Report On Children's Mental Health. Available at: <http://www.surgeongeneral.gov/library/mentalhealth/chapter3/sec1.html>

Shufelt J., Coccozza J.(2006) "Youth with mental health disorders in the juvenile justice system: Results from a multi-state prevalence study." Retrieved 9/18/06 from <http://www.ncmhji.com/pdfs/publications/PrevalenceRPB.pdf>

Teplin, L., Abram, K., McClelland, G., Dulcan, M., Mericle, A. (2002) "Psychiatric Disorders in Youth in Juvenile Detention". *Archives of General Psychiatry*, American Medical Association. Available at: <http://archpsyc.ama-assn.org/cgi/content/abstract/59/12/1133>

United States House of Representatives Committee on Government Reform (2004). "Incarceration of Youth Who are Waiting for Community Mental Health Services in the United States." Available at: [http://www.house.gov/reform/min/pdfs\\_108\\_2/pdfs\\_inves/pdf\\_health\\_mental\\_health\\_youth\\_incarceration\\_july\\_2004\\_rep.pdf](http://www.house.gov/reform/min/pdfs_108_2/pdfs_inves/pdf_health_mental_health_youth_incarceration_july_2004_rep.pdf)