

## Juvenile Justice

### Understand Their Perspective

There is a growing awareness in the juvenile justice community of the need to respond to the increasing numbers of youth with mental illness in the juvenile justice system. Many juvenile justice administrators feel, often rightfully, that their facilities are becoming the service system of last resort for many youth. Among their specific concerns are the following:

- >> Providing treatment to youth with mental illness in juvenile detention and correctional facilities is expensive and complicated. Not surprisingly, investigations by the U.S. Department of Justice have found many instances of inadequate screening, assessment, treatment, and use of medication in facilities across the country.<sup>31</sup>
- >> Youth with mental illness are at higher risk for suicide and thus require close observation.<sup>32</sup>
- >> Perhaps most frustrating for juvenile corrections administrators, some youth are sent to juvenile facilities solely because they could not access services elsewhere. A recent study by the U.S. General Accounting Office found that in 2001, parents placed over 12,700 children in the child welfare or juvenile justice systems in order to access mental health services.<sup>33</sup>
- >> Many juvenile court and corrections officials are open to substituting community-based treatment alternatives for detention or incarceration in some cases, especially considering the high numbers of youth incarcerated for non-violent offenses. Sadly, those options are scarce. According to a recent survey of more than 300 juvenile justice administrators, approximately eight percent of youth in detention were there only because mental health services were not available in the community.<sup>34</sup>

<sup>31</sup> National Center for Mental Health and Juvenile Justice, "Key Issues," available at <http://www.ncmhjj.com/faqs/default.asp>.

<sup>32</sup> D. Shaffer and L. Craft, "Methods of adolescent suicide prevention," *Journal of Clinical Psychiatry*, 60 (1999): 70–74.

<sup>33</sup> General Accounting Office (April 2003). *Child Welfare and Juvenile Justice: Federal Agencies Could Play a Stronger Role in Helping States reduce the Number of Children Placed Solely to Obtain Mental Health Services*. <http://www.gao.gov/new.items/d03397.pdf>

<sup>34</sup> "Out of Luck & Behind Bars: The Unnecessary Incarceration of Children and Youth Who are Awaiting Community Mental Health Treatment and Supports," testimony of Tammy Seltzer, Senior Staff Attorney, Bazelon Center for Mental Health Law before the Committee on Governmental Affairs, United States Senate, July 7, 2004.



## Explain Why Addressing the Issue is in Their Interest

Because youth with mental illness and co-occurring substance abuse disorders often present difficult treatment and supervision issues, many juvenile justice administrators will be willing allies for advocates. In fact, the national membership organization of juvenile correction administrators has launched an initiative specifically targeting this issue. Nevertheless, it is important for advocates to prepare clear arguments, such as those below, for why addressing the issue is in their interest:

### >> **Improve functioning of facilities—**

Reducing the number of youth with mental illness in the juvenile justice facilities, and improving their identification, treatment, and transition back

to the community, will lead to calmer, better functioning facilities, and better outcomes for the youth.

>> **Lower costs—**It is often the case that, because of their treatment needs, youth with mental illness are significantly more expensive to detain and incarcerate, and promoting the use of community-based alternatives can lead to real savings in juvenile justice budgets.<sup>35</sup>

>> **Lower recidivism—**Diversion of youth with mental illness to effective community-based alternatives, improving preparation for youth with mental illness in the juvenile justice system for their transition back to the community, and ensuring that adequate services are available there, can reduce recidivism rates.

### Learn More

Advocates interested in juvenile justice issues should familiarize themselves with the many resources available through the National Center for Mental Health and Juvenile Justice (NCMHJJ), which is operated by Policy Research Associates, Inc. in conjunction with the Council of Juvenile Correctional Administrators. Founded in 2001, with a grant from the MacArthur Foundation, the Center provides publications, technical assistance, and training related to all aspects of the involvement of youth with mental illness in the juvenile justice system. More information is available at <http://www.ncmhjj.com>.



<sup>35</sup> Jack Kresnack, "Lack of mental help keeps kids locked up," *Detroit Free-Press*, July 7, 2004.



## Propose an Initiative

- >> **Screening and assessment**—One of the major difficulties that juvenile justice facilities face is the proper identification of youths' mental health needs. Several new screening tools have been developed specifically for this task.
- >> **Diversion**—Diversion of appropriate youth from the juvenile justice system to community-based alternatives is widely recommended by experts, and advocates should discuss this option with their local juvenile justice administrators. In doing so, they should remember that diversion programs require close and effective collaboration with mental health providers to ensure that appropriate services are available in the community.
- >> **Evidence-based and promising community treatments**—Evidence-based treatments for youth with mental illness are being targeted at those in the juvenile

justice population with promising results. For example, Multi-Systemic Therapy (MST), a family and community-based treatment model, has been shown as a cost-effective and clinically successful alternative to incarceration. Promising practices that involve partnerships among multiple community agencies are also emerging.

- >> **Treatment in facilities**—Youth in the juvenile justice system have treatment needs similar to those in the community, yet treatment in facilities is often insufficient or simply nonexistent. Advocates should work with juvenile justice administrators to ensure that treatment and medications consistent with community norms are available in detention and corrections facilities.

For additional information on the above topics, advocates should consult the National Center for Mental Health and Juvenile Justice (<http://www.ncmhjj.com>).

